

Leaving

To ensure that we can transfer your vested benefits, please complete this form and return it to us **30 days before your exit date.**

Leaving on _____

Surname _____ First name _____

Future address _____

E-Mail (private) _____

I confirm that I am fully fit for work at the time of leaving

Please complete according to your situation:

1. Use for further pension scheme

- Transfer to pension fund of new employer
(please give exact address of the pension fund and full bank details or enclose a paying-in slip)
- Opening of a vested benefits account with a bank
(no new employer) (enclose application form of bank)
- Establishment of a vested benefits policy
(no new employer) (enclose insurance application form)

Or:

2. Cash disbursement

- Relocation to an EU or EFTA Member State**
If you are moving to an EU/EFTA Member State, the full vested benefits may only be paid out in cash if you show evidence that you do **not** remain subject to compulsory insurance for old age, disability and survivors' benefits in your new country of residence. Otherwise, the **BVG retirement savings** remain tied in a vested benefits account operated in your name in Switzerland.
- Relocation to other foreign country**
Definitive cessation of gainful employment in Switzerland.

Remark: All voluntary extra contributions that have been paid in during the last three years cannot be paid out in cash, but can only be transferred to a vested benefits account or vested benefits policy.
- Transfer of **BVG retirement savings and all voluntary extra contributions during the last 3 years** to a vested benefits account with the Basler Kantonalbank
- Opening of a vested benefits account with _____
(enclose application form of bank)
- Vested benefits amount to less than the annual contributions
(employee savings and risk contributions)

Supplementary Institution

Should no payment instructions be provided by you, the vested benefits will be transferred to the BVG Supplementary Institution in Zurich 6 months after you left the Pension Fund, at your own cost.



3. Address for payment

- Post office account
- Bank account

Name of the bank _____

Address _____

Postcode, town _____

IBAN no. _____

Bank account / Post office account _____ SWIFT code _____

I note that all claims for benefit in respect of Syngenta Pension Fund cease with the payment of my vested benefits.

Place and date _____

Signature of the insured person _____

Signature of spouse (in the event of cash disbursement)¹⁾ _____

¹⁾In the case of married insured members, the written consent of the spouse is required (authenticated signature).

Enclosures

- Address of pension fund of new employer and bank details
(paying-in slip)
or
- Application form for opening a vested benefits account or copy of the bank details of an existing vested benefits account
(no new employer)
or
- Insurance application form for establishment of a vested benefits policy
(no new employer)

In the event of cash disbursement

- Confirmation of move from the community of residence
(if moving abroad)
- Confirmation of surrender of work permit or cross-border commuter permit from the immigration authorities
- Confirmation of civil status if **not** married
- Authenticated signature of the spouse
(signature officially certified by a notary or municipal authority)

