

## **Termination notice**

<b>EMPL</b>	LOYER				
Policy	No.:				
Compa	any name:				
APPL	ICANT (to be completed by the emplo	yer)		_	
Last n	ame:	First name:			
Date o	of birth: / /	Marital status:	single married*	☐ divorced*	
AVS N	lo.:		registered civil partnership	☐ widowed*	
Sex:	☐ male ☐ female		* applies analogously to registered p	partners	
Addres	ss:	Postal code, ci	ty:		
Nation	ality:	Termination da	te: /		
Contril	butory period during termination year: from	n	to//		
Contril	butory salary during this period:	CHF			
ls/was	the member fully able to work at the terminat	ion date?  yes	no		
If not,	the incapacity for work began on/	/ (er	close all medical certificates)		
Place and date: Employer's s			mployer's stamp and signat	ure:	
TERM	INATION PAYMENT				
	•	The member requests the transfer of his/her termination payment to his/her new employer's pension plan.			
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	Pension plan				
	The member is not joining a new pension plan, so a vested benefits account must be opened with the Banque Cantonale Vaudoise Vested Benefits Foundation				
The member requests cash payment of his/her termination payment: The signature of the member's spouse/registered partner is required. Attach a recent certificate of mari copies of the identity documents (with signature) of the member and of the spouse/registered partner.					
	and declares he or she is now self-employed and no longer subject to compulsory occupational pension insurance (Attach a self-employment certificate from an AVS Compensation Fund issued within the previous month).				
	and declares he or she is leaving/has left Switzerland permanently and no longer has any gainful employment in Switzerland.  (Attach the following documents, issued within the previous month: 1) proof of residence prepared by the authorities of the country of destination/domicile and 2a) Swiss nationals must attach a certificate from the "Contrôle des habitants" confirming the definite departure abroad; 2b) foreign nationals must provide a certificate from the "Bureau des étrangers" confirming cancellation of the resident's work or residency permit).  COUNTRY OF DESTINATION:				
	If the member moves to a country that is not part of the EU or the EFTA, the entire vested termination benefit shall be paid in				
	cash.  If the member moves to a country that is part of the process for collecting his/her termination p		TA, the Pension Fund will send a lette	er to the member <i>explaining</i>	
	since it is less than the amount of his/her	annual contribut	ions.		
PAYN	MENT ADDRESS (for the transfer to the	e new pension	fund or for the cash payme	nt)	
	or postal account IBAN:	-		-	
	nt holder + address:				
Name	and address banking services provider:				
Place	and date:				
Memb	per signature:	Si	gnature of spouse or regist	ered partner:	
If neces	ssary, the Pension Fund reserves the right to reque		nentation.		

## Please return to:

AVENA Fondation BCV 2e pilier c/o Banque Cantonale Vaudoise Case postale 300 1001 Lausanne