

## Cash payment application as a result of taking up a self-employed activity as a main occupation

Employer data											
Company name				Contract no.							
Personal detail	s										
Last name			First name								
Road / No.			ZIP / Place	е							
Date of birth			Social sec	urity no.							
Email private			Civil statu	S							
I apply for cash payment as a result of taking up self-employment in the main occupation											
- Confirmation from the compensation office about taking up self-employment gainful employment in the main occupation - if unmarried, a current certificate of civil status (usually available from available from the municipality of residence)											
						Self-employment details					
						Company name	2				
Road / No.			ZIP / Place								
Branch of the company			Website								
E-Mail Office			Tel Office								
Main or sideline occupation											
Date of employ	ment begin										
I am self-employed in my main o		in my main occ	upation	osideline osideline							
I am subject to the compulsory occupational benefi		supational benefit s	cheme	○ Yes ○ No							
Have you paid voluntary purchases into the pension fund in the last 3 years?											
○ Yes ○ No	It yes, date	amount									
The payment must be made to the following account:											
Last name			Firs name								
Address											
Bank			BC / BIC								
Account no / II	BAN										



## **Important**

Due to current court practice, we require an officially certified signature of the insured person as well as his/her spouse for the cash payment. This also applies to the partner if a notification of cohabitation has been submitted.

The insured person and his/her spouse or life partner acknowledge that the pension protection is cancelled with the cash payment and that all claims against the Avanea Pension Fund are thereby settled.

After the transfer, we will send you a corresponding statement to your private address.

Comments	
Place and Date	Authenticated signature of the insured person
Place and Date	Authenticated signature of spouse/cohabiting partner