

## **Exit notification**

Employer data		
Company name	C	Contract no.
Personal details		
Last name	First name	
Road / No.	ZIP / Place	
Date of birth	Social security	/ no.
Exit date		
Was the insured person in full health at the time of lea	iving?	🔿 yes 🔿 no
Is the resignation due to retirement?		⊖ yes ⊖ no
Is the withdrawal for economic reasons? (restructuring or staff reductions)		⊖ yes ⊖ no
Place and date Em	ployer's stamp an	d signature
The following part of the notice of withdrawal must only be completed if the insured person is already aware of the new employee benefit institution at the time of notification. If you have not yet been informed about the new pension fund, the insured person will be contacted directly by us.		
Name of the new employer		Contract no.
Name of the new pension fund / vested benefits instit	ution	
Address		
Account no. / IBAN		
Bank	BC / BIC	
The insured person wishes the vested benefits to be p	aid out in cash	
) as a result of taking up self-employment as a main		
$\bigcirc$ as a result of definitive departure from the econom		d / Liechtenstein
$\bigcirc$ due to insignificance (vested termination benefit is smaller than the annual emloyee contribution)		
An application for cash payment of the vested benefits must be submitted with the corresponding cash payment application.		
If the withdrawal is due to retirement, we will send the corresponding form directly to the insured person.		