

# Form for the Transfer of Vested Benefits



**Schindler**

Schindler Pension Fund  
Zugerstrasse 13  
6030 Ebikon

Name \_\_\_\_\_  
First name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
AHV no. \_\_\_\_\_  
Leaving date \_\_\_\_\_  
Company \_\_\_\_\_

## Transfer of Vested Benefits to New Employer's Pension Fund

New employer	New pension fund
Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Contract no. _____	Account no. <i>Please enclose payment slip</i> _____

## Vested Benefits Account

*(If no new employer, or the person concerned is no longer subject to the BVG)*

- Vested benefits account with a vested benefits foundation of your choice. Please enclose payment slip.
- Vested benefits account with the Vested Benefits Foundation of UBS AG. To be opened by us directly.

### Legal Notice

The employee remains covered for the risks of death and disability for one month following the end of pension cover with their previous pension institution. The new pension institution is responsible for such cover should the employee join a new pension fund before the end of this month.

Recipients of daily benefits under unemployment insurance are covered with the Substitute Occupational Benefit Institution under compulsory insurance for the risks of death and disability.

Should the insured no longer be covered by compulsory insurance (e.g. because they no longer receive the minimum BVG salary, etc.), they may maintain their entire cover (risk and savings), or only their old-age pension with the Substitute Occupational Benefit Institution. Registrations with the Substitute Occupational Benefit Institution must be submitted within 30 days of leaving the Pension Fund (please visit [www.chaeis.net](http://www.chaeis.net) for further information).

### Cash payment

Please contact the Schindler pension fund should you wish a cash payment due to permanent departure from Switzerland or self-employment.

**Place/date**

**Signature**

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