

Banque Cantonale Vaudoise

Termination notice

EMPLOYER

Compa	any name:				
APPL	ICANT (to be completed by the employ	yer)			
Last name:		First name:			
Date of	f birth: / /	Marital status:	single	☐ married*	☐ divorced*
AVS N	0.:		☐ registered	civil partnership	☐ widowed*
Sex:	male female		* applies analo	gously to registered p	artners
Address:		Postal code, city:			
Nationality:		Termination date: / /			
Contrib	outory period during termination year: from	ı / /	to	//	
Contrib	outory salary during this period:	CHF			
ls/was	the member fully able to work at the terminati	on date? ☐ yes	☐ no		
If not, t	he incapacity for work began on /	/ (er	close all medic	cal certificates)	
Place and date:		Employer's stamp and signature:			
TERM	IINATION PAYMENT				
	The member requests the transfer of his/her termination payment to his/her new employer's pension plan.				
	New employer				
	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 marital status and 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 EU or the EFTA, the Pension Fund will send a letter to the member explaining the process for collecting his/her termination payment.				
	since it is less than the amount of his/her annual contributions.				
	IENT ADDRESS (for the transfer to the postal account IBAN:	-			
	nt holder + address:				
Name	and address of banking services provider:				
Place a	and date:				
Memb	per signature:	Si	gnature of s	pouse or registe	ered partner:
If neces	sary, the Pension Fund reserves the right to reques				

À RETOURNER À :

Banque Cantonale Vaudoise Prévoyance professionnelle Case postale 300 1001 Lausanne