

Notice of termination

| Employer | Contract N° | Name | Postale code, place | | |
|-------------------------------------|---|-----------------------------------|------------------------|--|--|
| Client | Name | First name | Insurance number (AVS) | | |
| | Street, N° | Postale code, place | | | |
| | Date of birth | Civil status | Sex | | |
| End of employ- ment contract | Exit date | | | | |
| | Full working capacity | | 🗅 Yes 🛛 No * | | |
| | Early retirement | | 🗅 Yes 🛛 No | | |
| | Termination as a result o | of down-sizing or restructuring? | 🗅 Yes 🛛 No | | |
| | * Please complete and return the "Notice of incapacity for work/death" (unless already declared) | | | | |
| New employer/ pension fund | The vested termination benefit is to be transferred to the new employer's occupational benefits institution (transfer is mandatory on joining a new occupational benefits institution) | | | | |
| | Name of new employer | Posta | le code, place | | |
| | Name of occupational benefits | institution Accou | unt number | | |
| | Street, N° | Posta | le code, place | | |
| Maintenance of benefits coverage | Open a vested benefits account with Liberty Foundation for Vested Pension Benefits Transfer to a vested benefits account with another vested benefits institution. Indicate payment instructions under "transfer vested termination benefits" | | | | |
| Transfer | Payment instructions for new c | occupational benefits institution | | | |
| | Post office account | IBAN/ | /Bank account No | | |
| | BIC (SWIFT address) | Clear | ing No. | | |
| | Please enclose a payment slip and/or an account opening or acceptance confirmation from your new benefits institution. | | | | |
| | If no instructions are received, Liberty BVG Collective Foundation will chose the form in which pension coverage shall be maintained. | | | | |
| | Coverage can be maintained through a vested benefits account if the vested termination benefit cannot be transferred to a new occupational benefits institution or disbursed in cash. | | | | |
| Comments | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Cash

If benefits are cashed in, please complete page 2

disbursement

Employer's signature

Place, date

Employer's signature

LIBERTY

The independent pension platform

| Cash disburse- Ient of vested | The vested termination benefits will be cashed in as follows: | | | |
|---|--|--|--|--|
| termination | Reason for cash withdrawal Documents to be produced | | | |
| benefit | I am leaving Switzerland or Liechtenstein permanently. | Confirmation of departure from the local municipality Foreign residence certificate (no older than 6 months) Copy of passport or ID with legible signature Confirmation of civil status * | | |
| | I am a cross-border worker and I am permanently giving up gainful employment in Switzerland or Liechtenstein. | Written confirmation that gainful employment in Switzerland has ceased permanently Confirmation of return of work permit Foreign residence certificate (no older than 6 months) Copy of passport or ID with legible signature Confirmation of civil status * | | |
| | I am newly self-employed and am no longer subject to compulsory occupational benefits coverage. | Copy of the current decision of the AVS Compensation Fund concerning main gainful occupation (not more thar one year old) Copy of passport or ID with legible signature Confirmation of civil status * | | |
| | * For single persons, a certificate of civil status must be produced. | | | |
| | * For married persons, a certified signature of the spouse or registered partner (Federal Law on Registered Civil Partner- ships) is mandatory. | | | |
| | * For divorced persons or persons whose registered partnership has been dissolved by a court decision, a copy of the divorce decree or the decision dissolving the partnership must be produced. | | | |
| | * For widowed persons, a copy of the updated family record book must be presented. | | | |
| Purchases | \Box No purchases of occupational benefits were made in the last three years. | | | |
| | Purchases of occupational benefits were made in the last three years: (please attach the relevant certificates from your pension fund(s)) | | | |
| | Date of purchase | Amount in CHF | | |
| | Date of purchase | Amount in CHF | | |
| | Date of purchase | Amount in CHF | | |
| | If a purchase was made, the benefits deriving from that purchase may not be withdrawn as a lump sum in the following three years. In its Decision of 12 March 2010 (BGE 2C-658/2009), the Federal Supreme Court ruled that, for tax purposes, the three-year freeze applies to the entire retirement savings capital and not just to the benefits deriving from the purchase. If the member nonetheless decides to make a withdrawal in the three years following a purchase, he should expect significant tax consequences. | | | |
| Transfer of | Payment instructions for cash disbursement | | | |
| vested termina- tion benefit | Payment instructions | | | |
| | Post office account | IBAN/Bank account No | | |
| | BIC (SWIFT address) | Clearing No. | | |
| Client's signature | Place, date | Client's signature | | |
| Confirmation of the spouse | Name | First Name | | |
| or registered partner (cash withdrawals) | Place, date | Signature of the spouse or registered partner | | |
| uthentication of spouse's or gistered part- | Authentication in Switzerland: municipality, notary or attorney-at-law (with Authentication abroad: notary, attorney-at-law or consulate (with stamp, notary) attorney-at-law or consulate (with sta | | | |