

Notice of termination

Employer	Contract N°	Name	Postale code, place
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Client	Name	First name	Insurance number (AVS)
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	Street, N°	Postale code, place	
	<hr/>		
End of employment contract	Date of birth	Civil status	Sex <input type="checkbox"/> m <input type="checkbox"/> f
	<hr/>		
	Exit date		
	<hr/>		
	Full working capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
	Early retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Termination as a result of down-sizing or restructuring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Please complete and return the "Notice of incapacity for work/death" (unless already declared)			
New employer/pension fund	<input type="checkbox"/> 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)		
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	Name of new employer	Postale code, place	
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	Name of occupational benefits institution	Account number	
<hr/>			
Street, N°			
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Maintenance of benefits coverage	<input type="checkbox"/> Open a vested benefits account with Liberty Foundation for Vested Pension Benefits		
	<input type="checkbox"/> Transfer of securities (If the transfer of securities can not be authorised, the securities will be sold.)		
	<input type="checkbox"/> Transfer of funds **		
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<input type="checkbox"/> Transfer to a vested benefits account with another vested benefits institution. ** Indicate payment instructions under "transfer vested termination benefits"			
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Transfer	Payment instructions for new occupational benefits institution		
	<hr/>		
	Post office account	IBAN/Bank account No	
	<hr/>		
BIC (SWIFT address)	Clearing No.		
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Please enclose a payment slip and/or an account opening or acceptance confirmation from your new benefits institution.			
If no instructions are received, Liberty 1e Flex Invest 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.			
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Comments			
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** 1e Flex Invest Foundation is instructed to sell the existing security investments.			
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Cash disbursement	If benefits are cashed in, please complete page 2		
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Employer's signature	Place, date	Employer signature	
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Cash disbursement of vested termination benefit

The vested termination benefits will be cashed in as follows:

Reason for cash withdrawal	Documents to be produced
<input type="checkbox"/> I am leaving Switzerland or Liechtenstein permanently.	<ul style="list-style-type: none"> - 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 *
<input type="checkbox"/> I am a cross-border worker and I am permanently giving up gainful employment in Switzerland or Liechtenstein.	<ul style="list-style-type: none"> - 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 *
<input type="checkbox"/> I am newly self-employed and am no longer subject to compulsory occupational benefits coverage.	<ul style="list-style-type: none"> - Copy of the current decision of the AVS Compensation Fund concerning main gainful occupation (not more than 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 Partnerships) 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

- 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

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 vested termination benefit

Payment instructions for cash disbursement

Payment instructions	
Post office account	IBAN/Bank account No
BIC (SWIFT address)	Clearing No.

Client's signature

Place, date	Client's signature
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Confirmation of the spouse or registered partner (cash withdrawals)

Name	First Name
Place, date	Signature of the spouse or registered partner

Authentication of spouse's or registered partner's signature

Authentication in Switzerland: municipality, notary or attorney-at-law (with stamp, name and binding signatures)
Authentication abroad: notary, attorney-at-law or consulate (with stamp, name and binding signatures)