

## Joining Pensionskasse Conzzeta / Transfer of vested termination benefits

Dear Colleague

As soon as you take up your new employment, you will be admitted to Pensionskasse Conzzeta (the Fund). If you are already a member of a pension fund, you are entitled to a vested termination benefit from your former employer or his pension fund. This payment is reserved for your personal pension benefits; it may not, as a rule, be disbursed in cash, and must be transferred in full to the pension fund of your new employer in accordance with Article 3 of the Vesting Act (FZG/LFLP).

You may also have a vested benefits account or insurance policy from earlier employment arrangements. In which case, please also instruct the relevant bank or insurer, in writing, to transfer such pension assets to the address indicated below. Vested benefit policies must be returned to the issuer for redemption.

**Please remit this form to your former employer or his occupational benefits institution and have them transfer the vested termination benefits due to you.**

### Information for the occupational benefits institution

Please only fill in if no termination statement is issued.

Name, first name: .....

Date of birth: ..... AHV/AVS number: .....

	Date	BVG/LPP portion (CHF)	Total (CHF)
<b>Vested termination benefits</b>	.....	.....	.....
• Vested termination benefit at age 50	.....	.....	.....
• Vested termination benefits at marriage/registration of civil partnership	.....	.....	.....
• First notification of vested termination benefit	.....	.....	.....
• Pledge for home ownership	.....	.....	.....
• Withdrawal for home ownership	.....	.....	.....
• Repayment of home ownership withdrawal	.....	.....	.....
• Vested termination benefit transferred following divorce/dissolution of a registered partnership	.....	.....	.....
• Repayment of vested termination benefit transferred following divorce/dissolution of a registered partnership	.....	.....	.....
• Voluntary contributions	.....	.....	.....

### Seal and signature of former occupational benefits institution

.....  
Place and date

.....  
Stamp and signature

<b>Transfer particulars:</b>	<b>Pensionskasse Conzzeta Giesshübelstrasse 45 8045 Zürich</b>	<b>PostFinance AG 3030 Bern CH77 0900 0000 8000 0926 7</b>
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