

Termination notice

EMPI	LOYER					
Policy	No.:					
Comp	any name:					
APPL	LICANT (to be	completed by the er	nployer)			
Last n	name:		First name:			
Date of	of birth:/	/	Marital status:	single	☐ married*	☐ divorced*
AVS N	No.:			negistered	civil partnership	☐ widowed*
Sex:	☐ male	☐ female		* applies analog	gously to registered	partners
Addre	ess:		Postal code, ci	ty:		
Nation	nality:		Termination da	ite: /	<i>/</i>	
Contri	ibutory period dur	ing termination year:	from//	to	11	
Contri	ibutory salary duri	ing this period:	CHF			
Is/was	s the member fully	able to work at the ter	mination date? yes	☐ no		
If not,	the incapacity for	work began on/	/ (er	close all medic	cal certificates)	
Place	e and date:		Eı	Employer's stamp and signature:		
TERM	MINATION PAY	MENT				
	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 Switzerland. (Attach the following documents, issued within the previous month: 1) proof of residence prep country of destination/domicile and 2a) Swiss nationals must attach a certificate from the "Contrôle definite departure abroad; 2b) foreign nationals must provide a certificate from the "Bureau des étra of the resident's work or residency permit). COUNTRY OF DESTINATION:					of residence prepai from the "Contrôle o e "Bureau des étran	red by the authorities of the des habitants" confirming the gers" confirming cancellation
	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 or collecting his/her termina		TA, the Pension	Fund will send a lett	er to the member <i>explaining</i>
	since it is les	ss than the amount of hi	s/her annual contribut	ions.		
PAY	MENT ADDRES	SS (for the transfer t	o the new pension	fund or for t	he cash payme	ent)
Bank	or postal account	IBAN:				
		9SS:				
Name	and address bar	nking services provider:				
Place	and date:					
Member signature:		Si	Signature of spouse or registered partner:			
If nece		Fund reserves the right to				

Please return to:

AVENA Fondation BCV 2e pilier c/o Banque Cantonale Vaudoise Case postale 300 1001 Lausanne