

Tellco pk Bahnhofstrasse 4 P.O. Box 434 CH-6431 Schwyz

t +41 58 442 50 00 info@tellcopk.ch tellco.ch

Tellco pk | tpk_gfs_f_esreinzfzl_en_231222

Transfer of Vested Benefits upon Change of Place of Employment

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New pension plan institution Contract no.	Surname, First name	Insured no.
To facilitate a quick transfer in compliance	with the law, the following points must be r	noted:
As new employer Please complete the form with the contract number, surname, first name and insured's number and pass it on to your new employee without delay. You can also find this form on our website at www.tellco.ch under «Forms».	As employee To make sure that your vested benefits can be transferred to Tellco pk as soon as possible, please send this form to your former employer, your former pension fund or the company's own foundation without delay.	As former pension fund Please send the completed form or a corres- ponding final statement to Tellco pk. Please use the attached payment slip for the transfer of the funds.
	As former employer Please forward this form to your pension fund (or company-owned foundation).	
Vested Pension Benefit		
Total		CHF
of which retirement credit pursuant to the LPP		CHF
at Age 50		CHF
At the time of marriage on		CHF
Which was notified to the member for the first	time pursuant to the Portable Benefits Act FZG	article 24:
Computed as of		CHF
Is the claim pledged on pension benefits?		Yes No
If yes, who is the secured creditor?		
Has the member made an early withdrawal of part of his / her vested benefits?		Yes No
If yes: Date and amount of the early withdrawa		CHF
Has the insured person made any purchases of benefits in the past three years?		Yes No
If yes, date		CHF
Others, date		CHF
Place, Date	Stamp and signature of former employer or its pension fund	

Receipt

Account / Payable to CH66 0027 3273 2614 01M1 Y Tellco pk Bahnhofstrasse 4 6430 Schwyz

Currency

CHF Í

Payable by (Name / Address)

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Currency CHF	Amount	
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		Acceptance point



Amount

Account / Payable to CH66 0027 3273 2614 01M1 Y Tellco pk Bahnhofstrasse 4 6430 Schwyz

Payable by (Name / Address)

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