



teIICO

Pension solutions. Banking. Real estate.

Tellco Vested Benefits Foundation
Bahnhofstrasse 4 t +41 58 442 62 00
Postfach 713 fzs@tellco.ch
CH-6431 Schwyz tellco.ch

Application for cash payment/transfer

Insured

Mr Ms

Surname

Street

Telephone

Date of birth

Marital status

Account no.

First name

Postcode, Place

E-Mail

Insured no.

Date of marriage

Transfer to new pension scheme (pension fund, vested benefits foundation)

Please enclose a payment slip from the new pension scheme.

New employer

New pension scheme

Bank

Postcode, Place

Contract no.

Account no./IBAN

Cash payment of vested benefits

Reason for payment

Leaving Switzerland or the Principality of Liechtenstein permanently

Self-employment

Vested benefits amount to less than one annual contribution

Reaching the statutory retirement age
(at the earliest 5 years before, at the latest 5 years after)

Death of the insured

Recipient of a full disability pension from the Federal Disability Insurance (IV)

Required documents

Confirmation of departure from the most recent Swiss municipality of residence (not older than 6 months) or current certificate of residence; copy of passport

Recent confirmation from the OASI compensation office that the insured has taken up self-employment as their **primary source of income**, or a copy of the most recent OASI funding confirmation with declared OASI gross income, not older than one year

Copy of current pension certificate or salary statement

If domiciled abroad:
current certificate of residence

To be proven by the beneficiaries by submitting a death certificate, certificate of inheritance and family certificate

Copy of latest pension notification from the Federal Disability Insurance (IV)



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Regulations according to marital status

Required documents

<ul style="list-style-type: none"> Married or registered partnership 	Written consent of spouse or partner and official certification of both signatures
<ul style="list-style-type: none"> Divorced persons or persons whose partnership has been legally dissolved 	Copy of divorce settlement or court order regarding dissolution of partnership
<ul style="list-style-type: none"> Persons who are single or who live in an unregistered partnership 	Official certificate of marital status (not older than 1 month)

The insured declares:

- that he/she has not purchased any additional benefits from an occupational pension fund in the last 3 years
- that he/she has purchased additional benefits from an occupational pension fund as confirmed by the enclosed certificate (enclose certificate)

Banking details

Please enclose a payment slip.

Bank/Post Office	<input type="text"/>	Postcode, Place	<input type="text"/>
Account no.	<input type="text"/>	IBAN	<input type="text"/>

Signature / s

Place, Date	<input type="text"/>	Insured	<input type="text"/>
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I agree to the cash payment.	Spouse or registered partner
	<input type="text"/>

- Official certification of both signatures (for cash payments)

(Justice of the peace, notary public or municipality of residence)