

Transfer of Vested Benefits upon Change of Place of Employment (PULSE)

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 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.telco.ch under «Forms».

As employee

To make sure that your vested benefits can be transferred to Telco 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 employer

Please forward this form to your pension fund (or company-owned foundation).

As former pension fund

Please send the completed form or a corresponding final statement to Telco pk. Please use the attached payment slip for the transfer of the funds.

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 withdrawal

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

Reciept

Account / Payable to

CH51 0027 3273 2614 0107 H

Telco pk - PULSE

Bahnhofstrasse 4

6430 Schwyz

Payable by (Name/Address)

Currency
CHF

Amount

Acceptance point

Payment partCurrency
CHF

Amount

Account / Payable to

CH51 0027 3273 2614 0107 H

Telco pk - PULSE

Bahnhofstrasse 4

6430 Schwyz

Payable by (Name/Address)