Transfer and/or payment of vested benefits (LFLP*)



Application to be completed by the insured person:

PERSONAL DATA OF THE INSURED PERSON		
Name and surname:	Civil status*:	
* If married or registered partner (LPart) / date of marriage or partnership:		
AVS no.: 756.	Date of birth (day/month/year):	
Telephone:	E-mail:	
Full current address:		
New address abroad (in case of permanent departure):		
Name of last employer affiliated to the CIEPP:		
Affiliate no.:		
Name and address of current employer:		
A. TRANSFER OF VESTED BENEFITS		
The undersigned requests the CIEPP to (tick as appropriate):		
□ transfer the entire vested benefits to the pension fund of the new employer (contact details can be obtained from the personnel department).		
 transfer the entire vested benefits to a vested benefits policy or account which he/she has of (if no new employer). 	or will have previously opened with a vested benefits foundation	
transfer the mandatory portion (LPP minimum) of his or her vested benefits to a vested benefits policy or account which he or she has or will have opened with a vested benefits foundation (if compulsory in the EU or EFTA country to which the insured person is moving following his or her definitive departure from Switzerland). If there is an extramandatory portion, please also complete point B overleaf.		
PAYMENT DETAILS		
(If possible, please attach a payment slip)		
Name of the pension fund / vested benefits foundation:		
Address:		
Contrat or policy no.:		
Full name and address of the bank:		
Account no. (IBAN):	Bank clearing/Swift:	
Place and date:		
Signature of the insured person:		
*LFLP, Federal Law on Vesting in Pension Funds		

(See overleaf for cash payment of vested benefits)

Transfer and/or payment of vested benefits (LFLP*)



Application to be completed by the insured person:

B. CASH PAYMENT OF VESTED BENEFITS

The above-mentioned insured person confirms that he/she has not made <u>any buy-in contribution</u> in the last 36 months and requests that the CIEPP pay out his/her vested benefits in cash because (tick as appropriate):

Please attach: - Certificate from the AVS Fund proving affiliation as a self-employed person

- Contribution statement from the AVS Fund
- Certificate signed by the insured person stating that he/she no longer has an activity subject to the LPP and that he/she is self-employed as a main occupation.
- 2. \square he/she is leaving Switzerland permanently and certifies that he/she is no longer gainfully employed in Switzerland.

Please attach: - Certificate of departure from the Cantonal Office of Population and Migration (OCPM)

- Certificate of residence or certificate of registration with the diplomatic representation of the place of residence
- In case of departure to an EU or EFTA state:
- Certificate of the LPP Guarantee Fund¹ on the compulsory liability of the foreign social security institution or a ministry. The Guarantee Fund provides the necessary assistance to obtain this certificate.

In the event of compulsory affiliation, according to the aforementioned certificate, only the non-mandatory portion may be paid in cash into the bank account indicated below by the insured person. He/she must therefore indicate on page 1 letter A of this form the details of the policy or vested benefits account that he/she holds or has previously opened with a vested benefits foundation to which the mandatory portion (LPP minimum) must be transferred. No application will be processed until our pension fund has received confirmation of compulsory insurance from the foreign social security institution or a government department.

3. \square the termination benefit shall be deemed insignificant if its amount is less than the annual amount of the insured person's contributions.

The above-mentioned insured person confirms that he/she loses all rights to the said insurance and releases the Fund from any future liability.

PAYMENT DETAILS	
(if possible, please attach a payment slip)	
Name of account holder:	
Full name and address of the bank:	
Account no. (IBAN):	Bank clearing/Swift:
Other:	
For payments abroad, please attach a Bank Account Statement with the full address of the Bank.	

Documents that must be attached to the application*:

- Certificates referred to in points B1 or B2
- A copy of the identity document of the insured person and his/her spouse or registered partner (LPart)
- A copy of the family certificate, formerly the family record book (for married or LPart policyholders)
- For single persons, divorcees, former LPart partners or widows/widowers, if the cash payment exceeds CHF 20,000, an individual civil status certificate less than one month old must be attached to the application.

NB: the Fund may also request additional documents to ensure that the conditions for entitlement to the cash payment are met.

Place and date:

Signature of the insured person:

Certified* signature of the spouse or registered partner (LPart):

Box reserved for the certification of the signature of the spouse or registered partner (LPart) by the competent authority*

 Offices
 Bulle
 Rue Condémine 56
 T 026 919 87 40

 Fribourg
 Rue de l'Hôpital 15
 T 026 552 66 90

 Neuchâtel
 Av. du 1er-Mars 18
 T 032 727 37 00

 Porrentruy
 Ch. de la Perche 2
 T 032 465 15 80

Administrative headquarters of the pension fund

Rue de Saint-Jean 67 – PO Box – 1211 Geneva 3 T 058 715 31 11 – ciepp@fer-ge.ch – www.ciepp.ch

^{*}For single, divorced, former LPart partners or widows/widowers, if the cash payment exceeds CHF 20,000, an individual certificate of marital status less than one month old must be attached to the application.

^{*}According to Art. 5, para. 2, LFLP, **the signature** of the spouse or registered partner (LPart) is required for cash payments if you are married, separated, a registered partner (LPart), or getting a divorce or legally dissolving a registered partnership (LPart). This signature must be certified if the payment exceeds CHF 20,000. To do this, you can make an appointment with us (with presentation of original identity documents and the family certificate (formerly the family record book). You can also have the signature of your spouse or registered partner (LPart) certified by a registrar or notary before returning the form to us.

¹ LPP Guarantee Fund - PO Box 1023 - 3000 Berne 14 - Tel: 031 380 79 71 - Fax 031 380 79 76 - www.verbindungsstelle.ch - info@verbindungsstelle.ch