

Notification of termination of employment

Company _____
 Policy no. _____
 Plan _____

1. Personal details

Last name _____ First name _____
 Street/no. _____ Postcode, town/city _____
 NI no. 756. _____ Date of birth _____
 Telephone _____ Email _____
 Termination of employment as of _____

Is the insured party married/in a registered partnership or separated? yes no

Is the person fully capable of working? yes no

Termination of employment by Employee Employer

Note: In the event of dismissal by the employer after reaching the age of 58, you have the right to continue the occupational pension plan at your own expense under Art. 47a LOB. The relevant form (which can be found at www.futura.ch) must be submitted within 30 days of the date of departure.

Dismissal by the employer due to headcount reduction/restructuring yes no

Notification duty regarding partial liquidation (for details, please see the Regulations on the Total and Partial Liquidation of Pension Funds): the employer is required by law to notify the Foundation immediately of any headcount reduction or restructuring of its company that may lead to a partial liquidation.

2. Vested benefits

- Transfer of the vested benefits to the new employer's pension fund
 (mandatory if the insured party joins a new pension fund)
- Transfer to a vested benefit account Other vested benefits institution Cash payment
 To the Aargauische Kantonalbank

New pension fund or other vested benefits institution

Name _____ Policy no. _____
 Street/no. _____ Postcode, town/city _____

Payment address

- Bank account, name of the bank _____
 Account no. _____ Clearing no. _____
 SWIFT/IBAN _____
- Post office account, account no. _____

New employer

Name _____
 Street/no. _____ Postcode, town/city _____

Place and date _____ Signature of the insured party _____ Company (stamp and signature) _____

Request for cash payment of the vested benefits

(to be completed by the person leaving)

Company _____
Policy no. _____
Plan _____

1. Personal details

Last name _____ First name _____
Place of residence at the date of the payment of the lump sum:
Street/no. _____ Postcode, town/city _____

2. Cash payment

I would like a cash payment because:

- I am permanently leaving the Switzerland/Liechtenstein economic area and am no longer subject to compulsory occupational pension provision (written confirmation from the Residents' Registration Office of definitive notice of departure and/or confirmation from the Residents' Registration Office of the new domicile abroad).
- I am permanently leaving the Switzerland/Liechtenstein economic area, moving to an EU/EFTA state and continue to be compulsorily insured for the risks of old age, disability and death in accordance with the legal requirements of this state (written confirmation from the Residents' Registration Office of the definitive notice of departure and/or confirmation from the Residents' Registration Office of the new domicile abroad).

As of 1/6/2007, only cash payment of the extra-mandatory vested benefits is still possible.

New country of residence _____ **Departure date** _____

- I am taking up self-employment as my **main occupation** and am no longer subject to occupational pension provision (confirmation from the AHV compensation office).

Note: As of 1/1/2005, the self-employed person can only request cash payment of the vested benefits at the time of commencement of self-employment or within one year of commencing self-employment.

- The vested benefits amount to less than my annual contribution.

Anyone who is unemployed cannot request cash payment. We recommend opening a vested benefits account (see first page). The joint foundation reserves the right to request further proof and documents for the proper determination of entitlement to benefits. The transfer will only be made once complete documentation has been received.

3. Paying agent

The vested benefits should be transferred to:

- Bank account, name of the bank _____
Account no. _____ Clearing no. _____
SWIFT/IBAN _____
- Post office account, account no. _____

4. Taxation of capital

Tax report: Where a cash payment of more than CHF 5,000 is made, a report will be made to the Federal Tax Administration (FTA).

Withholding tax: Anyone who does not have a valid place of residence in Switzerland will be subject to withholding tax that will be deducted directly from the vested benefits. This can be reclaimed if there is a double taxation agreement with the new country of residence.

The undersigned declares that the facts asserted in support of the claim for benefits are true and notes that any further claims against the pension fund are excluded with the cash payment. The pension cover will expire no later than one month after leaving your job.

For people who are married/separated/in a registered partnership, your spouse/registered partner's signed consent on the notice of termination and a copy of your spouse/registered partner's passport/ID are necessary unless the amount does not exceed CHF 30,000. We also need an official confirmation of marital status (certificate of marital status or family register booklet obtainable from the registry office of the place of origin), not more than one month old (for foreigners, confirmation of the registered marital status for foreign nationals and stateless persons, not more than one month old). If the vested benefits amount to more than CHF 30,000, the signature of the spouse/registered partner and that of the insured party must be officially notarised on the notice of termination (notary/municipality).

Unmarried people (people who are single, divorced or widowed or non-registered partners) must also attach an official confirmation of marital status (certificate of marital status or family register booklet obtainable from the registry office of the place of origin), not more than one month old (for foreigners, confirmation of the registered marital status for foreign nationals and stateless persons, not more than one month old). If the vested benefits amount to more than CHF 30,000, the signature of the insured party must be officially notarised on the notice of termination (notary/municipality).

I have been informed that it is no longer possible to fully or partially withdraw my retirement assets as a lump sum within a blocking period of three years after a purchase of additional benefits without incurring adverse tax consequences. I am responsible for obtaining the necessary information from my tax administration and for the consequences arising as a result of the lump-sum withdrawal.

Place and date _____

Signature of the insured party

Signature of the spouse/registered partner
(mandatory in the case of married people/registered partners)