

## Departure from the GEMINI Collective Foundation 1e

### Details required for the transfer of vested benefits

Your employer has notified us of your departure from the employee benefit plan.

Please read the enclosed form carefully, fill in the correct details and sign the form.

**You will continue to bear all investment risks until the Foundation has disinvested your pension assets and transferred the assets according to the details provided in your form.**

Please reply **within 30 days of the letter date**. Dormant vested benefits will be transferred to the Substitute Occupational Benefit Institution: Stiftung Auffangeinrichtung BVG, Freizügigkeitskonten, 8036 Zürich, without further notice after 24 months at the latest.

Thank you for your swift reply.

Yours sincerely,

**GEMINI Collective Foundation 1e**

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## Details for the transfer of the vested benefit

First and last name

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Address in full

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Postcode and town

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Social security number

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Date of birth

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Sex

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Marital status

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Employer to date

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The transfer of your vested benefits to the employee benefits institution of your new employer is prescribed in accordance with Art. 3 par 1 of the Federal Law on Vesting in Pension Plans. If you are not insured with another pension fund, your vested benefits must either be transferred to a vested benefits account with a bank or invested in a vested benefits policy with an insurance company. Under certain circumstances a cash payment is also possible.

## 1 Transfer to my new employee benefits institution (change of employer)

New pension fund \_\_\_\_\_

Address in full \_\_\_\_\_

Postcode and town \_\_\_\_\_

Bank / postal account details \_\_\_\_\_

IBAN no \_\_\_\_\_

Comments  
(contract number, etc.) \_\_\_\_\_

## 2 Transfer to a vested benefits account (interruption of employment)

- Please transfer my termination benefit to the Substitute Occupational Benefit Institution, Vested Benefit Accounts, P.O. Box, 8050 Zurich. They will inform me directly of the opening of my vested benefits account.
- I have opened a vested benefit account at my bank. Please find enclosed the relevant bank details for the transfer.
- I have set up a vested benefits policy with an insurance company. Enclosed please find the details you need to make a transfer.

## 3 Situation not yet clear

- I would like to leave my pension assets with the GEMINI Collective Foundation 1e for the time being. I hereby confirm with my signature that I will bear all investment risks in my current investment strategy. In the absence of any further instructions, the Collective Foundation 1e will disinvest my pension assets after 24 months at the latest and transfer them to the Substitute Occupational Benefit Institution: Stiftung Auffangeinrichtung BVG, Administration Freizügigkeitskonten, 8036 Zürich.

## 4 Cash payment (only possible if one of the following reasons applies)

- My vested benefits are lower than my annual personal contribution.
- I am becoming self-employed in my main occupation and am no longer subject to mandatory occupational benefits insurance. Please find enclosed a current confirmation from the AHV compensation fund that I am entered as a self-employed person in my main occupation.
- Definitive departure from Switzerland  
I no longer work and live in Switzerland or Liechtenstein and am no longer subject to Swiss pension laws. I have enclosed the document confirming that I have cancelled my registration with the local authorities. Please provide the information requested under 4.1–4.3.

#### 4.1 Account for payment

Name of bank \_\_\_\_\_

Address of bank \_\_\_\_\_

IBAN No \_\_\_\_\_

SWIFT / BIC  
(payments abroad) \_\_\_\_\_

#### 4.2 Permanent residence address abroad

#### 4.3. Signatures

I hereby declare that I have read the explanatory notes and have completed the form truthfully and completely.

Place / date \_\_\_\_\_ Signature \_\_\_\_\_

Place / date \_\_\_\_\_ Signature of spouse / registered partner \_\_\_\_\_

**For payments exceeding CHF 10,000.00, we require the notarised agreement of the spouse or partner in the case of married persons or persons living in a registered partnership. The notarisation must be made using this form and can be obtained from the commune where you are resident, from a different commune or from HR. All other persons are required to submit proof of their current civil status.**

Place / date \_\_\_\_\_ Signature of witness / notary \_\_\_\_\_

ID papers presented \_\_\_\_\_