

Form for active insured persons

Departure from the Pension Fund

Address: Pension Fund of the Siemens Companies in Switzerland,
Freilagerstrasse 40, 8047 Zurich

Insured person

Last name:		First name:
Street name, no.:		
Postcode:	City:	Country:
Date of birth:		Insurance no.:
Marital status:		
☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Registered partnership ☐ Dissolved partnership		
Employer:		Departure date:
Tel. no.:		E-mail address:

If married/in registered partnership:

Are divorce proceedings in progress? ☐ Yes ☐ No

If yes:

Status of divorce proceedings

Reasons for departure

- ☐ Change of job
☐ Employment terminated by employer
☐ Other reason (please specify):

Fitness for work

Are you fully fit for work on the date of departure? ☐ Yes ☐ No

If not:

Degree of incapacity for work in %: Unfit for work since (date):

Use of the vested benefits

- ☐ New pension fund* (Please enclose paying-in slip and provide the information requested below)
- ☐ Other vested benefits institution* (Please enclose paying-in slip and account-opening form, and provide the information requested below)
- ☐ Application for payment in cash (Please complete the «Application for cash payment of vested benefits» form, which may be downloaded at www.pk-siemens.ch → Infocenter/Information sheets and forms)

*New pension fund/Other vested benefits institution

Name of pension fund/vested benefits institution:

Street name, no.:

Postcode: City:

Bank: IBAN:

Postcode (bank): Town (bank):

New employer

Name of employer:

Street name, no.:

Postcode: City:

Information for persons older than 58 years of age

The vested benefits can be transferred only if you are taking up self-employed or employed work or are applying for unemployment benefits from the unemployment fund. By doing so, you waive the right to early retirement benefits from the Siemens Pension Fund. Please send us confirmation of registration with the unemployment fund or confirmation of self-employed or employed work (employment contract/salary slip).

Signature

I confirm that I have completed this form truthfully and completely.

Place/date

Signature of insured person