

## 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 ☐ Re	gistered 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 be	enefits	
☐ New pension fund* (Pl	lease enclose paying-in	slip and provide the information requested below)
		nalbank (Please apply online at <a href="https://www.zkb.ch">www.zkb.ch</a> to open an account and othe Siemens Pension Fund)
☐ Vested benefits found	ation of UBS AG (admir	nistration dealt with by Siemens Pension Fund)
☐ Other vested benefits	institution* (Please encl	lose paying-in slip and account-opening form, and provide the infor-
mation requested belo	ow)	
		olete the «Application for cash payment of vested benefits» form, which → Infocenter/Information sheets and forms)
*New pension fund/	Other vested bene	fits institution
Name of pension fund/ve	ested benefits institution:	:
Street name, no.:		
Postcode:	City:	
Bank:		IBAN:
Postcode (bank):	Town (bank):	
New employer		
Name of employer:		
Street name, no.:		
Postcode:	City:	
are applying for unenright to early retireme	can be transferred or nployment benefits f ent benefits from the unemployment fund	years of age nly if you are taking up self-employed or employed work or from the unemployment fund. By doing so, you waive the Siemens Pension Fund. Please send us confirmation of or confirmation of self-employed or employed work (employ-
Signature		
I confirm that I have o	completed this form	truthfully and completely.
Place/date		Signature of insured person