

Form for active insured persons

Insured person

Transfer of vested benefits

Please complete the « $\underline{\text{Insured person}}$ » fields of the form and then send it to your previous pension fund/vested benefits institution.

Last name:	First name:
Street name, no.:	
Postcode: City:	Country:
Date of birth:	Insurance no.:
Tel. no.:	E-mail address:
	-
To be completed by the previous pe	ension fund/vested benefits institution
	ith a copy of the final benefits statement anies in Switzerland, Freilagerstrasse 40,
a) Vested benefits	
Vested benefits to be transferred:	CHF:
- of which retirement assets under the BVG:	CHF:
Vested benefits accrued by age 50:	CHF:
Vested benefits at the time of	
marriage on (date):	CHF:
 of which retirement assets under the BVG: 	CHF:
b) Pledging	
Has entitlement to occupational benefits been pledged?	☐ Yes ☐ No
If yes:	
Amount in CHF:	Date of pledge:
Pledgee:	
→ Please enclose a copy of the notice of pledge.	



c) Early withdrawal	
Has the insured person made an early with- drawal of part of their vested benefits?	☐ Yes ☐ No
If yes:	(All amounts in CHF)
☐ Early withdrawal for home ownership*	Outstanding amount:
Drawn on (date):	Of which BVG:
	Retirement assets before early withdrawal:
\square Early withdrawal as a result of divorce	
Drawn on (date):	Outstanding amount:
	Of which BVG:
* Please enclose copies of detailed documents.	
d) Voluntary purchases of additional benefits	
Has the insured person made voluntary purchases in the last three years?	☐ Yes ☐ No
If yes:	
Purchase date:	Amount in CHF:
Purchase date:	Amount in CHF:
Purchase date:	Amount in CHF:
Contact person	
Last name:	First name:
Tel. no.:	E-mail address:
Place/date	Stamp and signature
Our bank account details	
Zürcher Kantonalbank, Zurich	IBAN: CH96 0070 0114 8080 2087 2
Pensionskasse der Siemens Gesellschaften in der Schweiz, 8047 Zürich	