

Tellco Pension Solutions 3a

Bahnhofstrasse 4 t +41 58 442 65 00 Postfach 713 CH-6431 Schwyz tellco.ch

vorsorge3a@tellco.ch

Application for cash payment/transfer

Account no.		
The Insured		
Mr	Ms	
Surname		First name
Street		Postcode, Place
Telephone		E-Mail
Date of birth		OASI No.
Marital status		Date of marriage
Reimburseme	nt to a new pension fund (pillar 3a/buy-in i	nto pension fund)
Please enclose	a payment slip from the new pension scheme.	
Pension fund		Postcode, Place
Bank/Swiss Pos	t	Contract no.
Account no./IB	AN	
Third pillar retire confirmation or	f pension fund pension gap.)	on fund if there are gaps in the pension fund. (Please enclose
Reason for payment		Required documents
Permanent departure from Switzerland or the Principality of Liechtenstein		Confirmation of de-registration from the last municipality of residence (no older than six months), otherwise current certificate or residence, copy of passport
Self-employment		Recent confirmation from the OASI compensation office that the insured has taken up self-employment as their primary source or income , or a copy of the most recent OASI funding confirmation with declared OASI gross income, not older than one year
Reaching st	atutory retirement age (five years before at the	If domiciled abroad:
earliest, five years after at the latest)		current certificate of residence
Death of the insured		To be proven by the beneficiaries by submitting a death certificate certificate of inheritance and family certificate
Receipt of a full disability pension from the Federal invalidity insurance		Copy of current pension ruling from the Federal invalidity insurance



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Provisions according to civil status	Required documents
Married or registered partnerships	Written agreement of the spouse or partner, and official certifica- tion of both signatures
Divorced or court-dissolved partnerships	Copy of divorce agreement, dissolution by court order
For unmarried persons or unregistered partners	chips Official confirmation of civil status (no older than one month)
The insured declares:	
that he/she has not purchased any additional l	benefits from an occupational pension fund in the last 3 years
that he/she has purchased additional benefits (enclose certificate)	from an occupational pension fund as confirmed by the enclosed certificate
Banking details	
Please enclose a payment slip.	
Bank/Post Office	Postcode, Place
Account no.	IBAN
	(for payments abroad)
Signature / s	
Place, Date	The Insured
I agree to the cash payment.	Spouse or registered partner
- Official certification of both signatures (for ca	ash disbursement)
(Justice of the peace, notary public or municipalit	y of residence)