

Transfer of Vested Benefits upon Change of Place of Employment

New pension plan institution

Contract no.	Surname, First name	Insured no.
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To facilitate a quick transfer in compliance with the law, the following points must be noted:

As new employer

Please complete the form with the contract number, surname, first name and insured's number and pass it on to your new employee without delay.

You can also find this form on our website at www.tellico.ch under «Forms».

As employee

To make sure that your vested benefits can be transferred to Tellco pk as soon as possible, please send this form to your former employer, your former pension fund or the company's own foundation without delay.

As former employer

Please forward this form to your pension fund (or company-owned foundation).

As former pension fund

Please send the completed form or a corresponding final statement to Tellco pk. Please use the attached payment slip for the transfer of the funds.

Vested Pension Benefit

Total	CHF	
of which retirement credit pursuant to the LPP CHF	CHF	
at Age 50	CHF	
At the time of marriage on	CHF	
Which was notified to the member for the first time pursuant to the Portable Benefits Act FZG article 24:		
Computed as of	CHF	
Is the claim pledged on pension benefits?	Yes	No
If yes, who is the secured creditor?		
Has the member made an early withdrawal of part of his / her vested benefits?	Yes	No
If yes: Date and amount of the early withdrawal	CHF	
Has the insured person made any purchases of benefits in the past three years?	Yes	No
If yes, date	CHF	
Others, date	CHF	

Place, Date	Stamp and signature of former employer or its pension fund

Receipt

Account / Payable to
CH66 0027 3273 2614 01M1 Y
Tellco pk
Bahnhofstrasse 4
6430 Schwyz

Payable by (Name / Address)

Currency Amount
CHF

Acceptance point

Payment part



Account / Payable to
CH66 0027 3273 2614 01M1 Y
Tellco pk
Bahnhofstrasse 4
6430 Schwyz

Payable by (Name / Address)

Currency Amount
CHF