



Departure from the employee pension plan

1 Personal details

Name of the employer and contract number	
Last name	First name
Street, no.	Zip code, town or city, country
Private telephone	Private e-mail
Marital status <input type="radio"/> single <input type="radio"/> married <input type="radio"/> divorced <input type="radio"/> widowed <input type="radio"/> registered partnership <input type="radio"/> dissolved partnership	

Please note before filling out the form:

If the employee aged 58 or older has already decided on early retirement please fill out the form «Notification of retirement or partial retirement.»

2 Departure details

Departure date

◀ The departure date is always the last day of employment, which is generally the last day of the month. Do not deduct leave entitlements.

3 Details regarding capacity to work

Is the departing person healthy / able to work as of the date of departure?

No | Yes

4 Use of termination benefit

Is the new pension fund / vested benefits institution known?

No | Yes

Please inform us via e-mail of the new pension or vested benefit institution, including account details, for the remittance. The insured will be contacted directly by Vita.

Please send the completed form to:

Vita Select Joint Foundation of Zurich Life Insurance Company Ltd
P. O. Box
8085 Zurich

vitaselect@pfs.ch

Once we have checked your notification, you will receive the new contribution statement. We will also transfer the termination benefit and send your employee a termination statement.

5 Confirmation by employer

The employer confirms that they have properly reported all changes in personal data (e.g. changes in salary or marital status).

Place and date	Signature of the employer
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Do you have any questions about this form?

The Vita Select customer service (phone 044 628 46 46) is available to answer your questions Monday through Friday from 8.00 a.m. to 12.00 noon and from 1.00 p.m. to 6.00 p.m.