

Questionnaire A: You are still gainfully employed in Switzerland or Liechtenstein or you are unemployed

Please provide your personal details in section 1. In section 2, tick box a) or b), depending on your situation and then provide the information required. Sign the questionnaire in section 3) and return it to us, along with the supporting documentation required, at the following address: Caisse de prévoyance de l'État de Fribourg, Rue St-Pierre 1, 1701 Fribourg, Switzerland.

1. Personal details

Surname: Employee No.:

First name: Leaving date:

Address:

Tel.: Email address:

Marital status (tick as appropriate):
☐ Single ☐ Divorced ☐ Widow/widower
☐ Married since
☐ Separated, marriage date
☐ Registered partner (with someone of the same sex) since

Are you currently unable to work? ☐ Yes, since ☐ No
 If yes, enter disability percentage
 Due to ☐ Illness ☐ Accident

2. Details for payment of termination benefit

a. ☐ I have a new employer and I am enrolled in its occupational benefits scheme/pension fund.

➔ In this case, you must transfer your assets to this scheme

Name and address of the new occupational benefits scheme provider:

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New employer details, contract number and employment start date

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Please provide supporting documentation: A pay-in slip for your new occupational benefits scheme.

b. ☐ I do not have a new employer/I am not enrolled in an occupational benefits scheme/pension fund.

➔ Your termination benefit must be transferred to a vested-benefits account or policy. You have the option to transfer your benefit to the Substitute Occupational Benefit Institution LOB in Zurich, without providing us with further supporting documentation, or to a vested-benefits foundation of your choice. For more information on the Substitute Occupational Benefit Institution LOB, go to the website www.aeis.ch.

Payment should be made to the vested-benefits foundation:

1. ☐ of the Substitute Occupational Benefit Institution LOB in Zurich
2. ☐ of the following institution:

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Please provide supporting documentation: Your application or confirmation of opening of a vested-benefits account, plus a pay-in slip. **No supporting documentation is needed for a payment to the Substitute Occupational Benefit Institution LOB. Payment to a personal bank account is not permitted.**

3. Signatures

I confirm that the information I have provided is correct.

Place and date:

Signature of insured person:

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