

## Questionnaire C: You are beginning self-employment as your main occupation in Switzerland or Liechtenstein, or your termination benefit is less than one year's personal contributions

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 .....

Do you live with your spouse/registered partner?  Yes  No

Do you have dependent children (children up to age 18 or up to age 25 in education and living in the same household)?  Yes  No

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

### 2. I meet the conditions for payment in cash

You can receive your termination benefit in cash if:

- The amount of your termination benefit is less than the annual amount of your contributions (for example, in the case of a very short employment period).
- You are beginning self-employment as your main occupation and are therefore no longer enrolled in an occupational benefits scheme.

I am requesting payment of my termination benefit in cash for the following reason (tick one option):

- a.  The amount of my termination benefit is less than the annual amount of my contributions (if you are unsure about this, please contact us).
- b.  I am beginning self-employment as my main occupation I hereby declare that I am not insured with another occupational benefits scheme as a self-employed worker or as an employee on a secondary basis.

**Please provide supporting documentation:** A recent declaration from the OASI compensation fund granting you self-employed status.

Payment should be made to the following personal bank account:

Full name of account holder: .....

Personal bank account number (IBAN): .....

Bank name and address: .....

For international payments, the bank SWIFT/BIC code is mandatory: .....

### **Withholding of tax for people living abroad**

Regardless of double taxation agreement rules, lump-sum benefits are always subject to the withholding of tax. In accordance with double taxation agreements, withheld tax deducted from lump-sum benefits will be refunded without interest when the beneficiary:

- a) Requests a refund within three years of the benefit due date; and
- b) Includes with his/her request a certificate from the relevant tax authority of the signatory state acknowledging payment of this benefit.

For more information on the withholding of tax, please contact the Fribourg Cantonal Tax Administration directly.

### **3. Signatures**

Important: cash payment can only be made with the written consent of your spouse or registered partner. Their signature must be authenticated by the residents' register office for the municipality in which you reside, by a notary, or by them presenting themselves in person at our offices with an identity document. If your spouse/partner lives abroad, their signature must be authenticated by a notary or the Swiss embassy/consulate in that country. I confirm that the information I have provided is correct.

Place and date: .....

Signature of insured person: .....

**Mandatory signature of spouse or registered partner:** .....

**Authentication of signature** of spouse or registered partner (for use by the CPEF, municipality or notary only):  
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