



Notification of withdrawal

Contract no. /

Employer Name and location

Insured person

Last name

First name

Insurance number

Street

Date of birth

Gender

Postal code and place

Country

m f

Can be reached at

Private email address

Phone no.

**Termination of
employment
relationship**

Date of withdrawal (take account of protection against dismissal and termination deadlines as well as the obligation to continue salary payments)

Is the insured person fully fit for work?

Yes

No

For persons who are not fully fit for work, kindly submit the "Notification of incapacity for work" form and the relevant attachments to us.

Early retirement?

Yes

No

If yes, contact will be established

Leaving due to headcount
"reduction/restructuring"?

Yes

The employer is legally obligated to inform the foundation without delay of any reduction in the workforce for economic reasons through downsizing or restructuring of his company (organizational measures leading to the cessation of tasks or the transfer of entire operating units to another company), resulting in non-voluntary departures. For details, see the Regulations on Partial and Total Liquidation of Occupational Benefits Funds.

Remarks

**Person submitting
notification on behalf
of the employer**

Date

Surname

First name

E-mail address

Note We carry out the clarification for the transfer of the withdrawal benefit (vested benefits) directly with the insured person.

Please send to formsservice.bvg@axa.ch

or to:

AXA

Postfach 300

8401 Winterthur