

Notification of termination

Employer

Company _____ Contract no. _____

Departure from Basic pension Supplementary pension _____

Insured person

Surname _____ First name _____

Street/no. _____ Postcode/place _____

Date of birth _____ SC no. _____

End of the employment contract

Departure date

Is the person fully capable of working?

Yes

No



Documents

If "No", please send us the "Notification of the incapacity to work" form with the corresponding enclosures.

Is the departure due to retirement?

Yes

No

The termination benefits are to be used as follows

Transfer to the pension fund of the new employer

Name and place of the employer _____

Name of the pension fund _____

Street/no. _____ Postcode/place _____

Name of paying agent (bank) _____

Address of paying agent (bank) _____

Postal account _____

Bank account/IBAN no. _____ Bank clearing number _____

Please contact the insured person directly

Comments

Place, date

Stamp and signature of the employer
