

Termination of affiliation agreement with a change of occupational pension scheme

1. Pension scheme/employer

Name and address

Agreement no.

2. Information regarding termination

Termination with effect from 31/12/20____

3. Details of the receiving occupational pension scheme

Name of the occupational
pension scheme

Address

Agreement no.

Important notes

- The agreement can only be terminated with the consent of the staff or an appointed employee representative. The corresponding form must be submitted by 30 June of the termination year at the latest.
- The agreement can only be terminated once the subsequent insurer has confirmed that all benefits claims shall be taken over with at least the equivalent conditions as those provided by Compacta Sammelstiftung BVG. The corresponding form must be submitted by 30 June of the termination year at the latest.
- By terminating the affiliation agreement, insurance cover against the risks of death and disability shall end with effect from one month after the termination of the pension scheme relationship (Art. 10(3) OPA).
- Unless otherwise agreed, the form must be submitted by 30 June of the termination year.

4. Signatures of the pension fund commission

Place, date

Employer representative's signature

Place, date

Employee representative's signature

Confirmation regarding the agreement of staff on the change of occupational pension scheme

Pension scheme/employer

Name and address

Agreement no.

Termination with effect from 31/12/20____

The pension fund commission confirms the termination of the affiliation agreement of the above named pension scheme/employer with Compacta Sammelstiftung BVG with effect from the above-mentioned termination date.

It confirms that the company's staff were consulted in the termination process pursuant to the Swiss Federal Supreme Court judgment BGE 9C_409/2019 of 5 May 2020, and the termination was approved by the majority of staff.

Place, date

Employer representative

Surname/First name of the **Employer's** representative

Signature

Surname/First name of the **Employer's** representative

Signature

Employee representative

Surname/First name of the **Employee** representative

Signature

Surname/First name of the **Employee** representative

Signature

Send the form to the below address by 30 June of the termination year at the latest.

Confirmation of the receiving occupational pension scheme

1. Pension scheme/employer

Name and address

Termination with effect from 31/12/20__

2. Future occupational pension scheme

Name and address

Acceptance with effect from 01/01/20__

The receiving occupational pension scheme hereby declares itself prepared to accept all

- active transferred insured persons,
- retirement benefits recipients,
- disability benefits recipients,
- survivors benefits recipients,

of the above-mentioned employer in full in accordance with Art. 53e OPA.

The transfer includes all pending benefits claims as well as those already actioned but not reported to Compacta Sammelstiftung BVG, provided the benefit-triggering event occurs before the agreement with Compacta Sammelstiftung BVG ends.

The details of the transfer are set forth in Art. 84 of Compacta Sammelstiftung BVG's pension fund regulations.

The obligations of Compacta Sammelstiftung BVG shall fully expire on the date at which the agreement is terminated.

3. Details for transferring the staff's vested benefits and/or pension recipients' actuarial reserves

Name of the occupational pension scheme

Address

Agreement no.

Account holder

IBAN

Place, date

Signature/stamp of the receiving occupational pension scheme

Send the form to the below address by 30 June of the termination year at the latest.