

Termination of affiliation agreement without insured persons

1. Pension scheme/employer

Name and address

Agreement no.

2. Information regarding termination

Termination with effect from

Termination	Company no longer employs any employees subject to OPA
	Business closing down
	Business being taken over *

* In the event the business is being taken over or merged with another company, the assets and pension recipients will be transferred to the pension fund of the acquiring company. Please submit a merger agreement.

3. Details for transferring any contribution account balance

(if the company no longer employs any employees subject to OPA or if it is closing down)

Name of account holder

Address

IBAN

4. Details of the receiving occupational pension scheme

(for companies being taken over)

Name of the occupational
pension scheme

Address

Agreement no.

Account holder

IBAN

Place, date

Employer's signature(s)