

Information sheet for new entrants

Maintaining your pension cover

With an employment relationship with one of our pension fund member companies, you are insured in our Pension Fund.

If you were insured in the occupational benefits scheme during your previous employment and were older than 25 years, you are entitled to a vested benefit. In accordance with the statutory provisions termination benefits from previous employment relationships and pension schemes, including the proceeds of vested benefits accounts/custody accounts or policies must be brought into the Pension Fund as entry benefits.

Transfer of your vested benefits

The Pension Fund of your former employer must transfer the termination benefits to your new pension fund the 'PKSU. The following information is required for the transfer:

- _ Surname und first name
- AHV/AVS insurance no.
- _ Retirement capital as per LPP (legal minimum)
- _ Retirement capital at the age of 50
- _ Vested benefits at date of marriage / registered partnership
- _ Date of last purchase

Our payment details for the bank transfer

Pensionskasse der Saurer-Unternehmungen Schlossgasse 4, 9320 Arbon

Account-no. CH98 0078 4122 0002 7001 0 held with Thurgauer Kantonalbank, Weinfelden

Please pass this information sheet on to the pension fund of your former employer so that the can bank transfer. If you have a vested benefits policy or a vested benefits account, please instruct the relevant vested benefits institution to transfer your account balance.

Personal insurance certificate

Upon receipt of your vested benefits, you will be sent an updated pension certificate.

No vested benefits available

If you do not have any vested benefits, e.g. because you were only insured against risks (<25 years), because the income was less than the AVS coordination amount or because you came from abroad, we ask you to complete and sign the following declaration and send it to the following address:

Pensionskasse der Saurer-Unternehmungen Schlossgasse 4, CH-9320 Arbon

Declaration

Surname and first name	
Address	
The insured person has no retirement savings capital as a result of	
Date and signature	