



## Instruction to terminate contract

[«XXXX-CH/UXXX» / «Contract no.»](#)

**Swiss Life Ltd  
Corporate Business  
P.O. Box  
8022 Zurich**

<b>Employer</b>	<b>Name</b>	«Employer/Company»
	<b>Contract</b>	«Contract no.»

<b>Conditions for contract termination</b>	If one of the following statements does not apply or you have further questions, please contact «First name Last Name Advisor», tel. +41 «043 284 xx xx».	
	The contract may be terminated on the requested date.	<input type="checkbox"/> true
	The 6-month notice period has been observed.	<input type="checkbox"/> true
	Employees have been informed in advance of the termination of the contract of affiliation. Termination requires the consent of the employees (Art. 11, cl. 3bis BVG), which will be obtained prior to termination.	<input type="checkbox"/> true
	Confirmation has been received from the new employee benefits institution regarding the transfer of disability benefits (Art. 53e, cl. 4bis BVG)	<input type="checkbox"/> true

<b>Instruction</b>	We will terminate the contract on	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
The securities can be sold on	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
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	Unless we receive notification at least 15 days prior to the date of termination, the securities will be sold at the daily market price without further notice.																	

<b>Required documents</b>	<ul style="list-style-type: none"> <li>• Details of address and payment office of the new employee benefits institution.</li> <li>• Confirmation from new employee benefits institution regarding the transfer of disability benefits</li> <li>• The address of our AHV administration office and our affiliation number</li> </ul>
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By signing below, the employer and the members of the Administrative Board confirm that the employees have been informed in advance of the termination of the contract of affiliation and consent to such termination.

**Signatures** The termination is only valid if all signatures are present.

**Employer**

Place and date	Stamp and signature

**Administrative Board**

**Employer's representative**

Place and date	Signature

**Employee's representative**

Place and date	Signature