

Request for payout

Client number:

Social insurance no. (AHV)

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Policyholder:

First name, last name

Street, no.

Postcode, place

Marital status

Telephone no. (for queries)

E-mail address

Application

- ☐ Withdrawal of entire pension plan savings
- ☐ Partial withdrawal of pension plan savings
(only in the case of pension fund purchase, divorce/partnership dissolved by law, change of property regime possible)

Payout amount in CHF

Reason for payment (enclose documentation evidencing the reason for the payout)

- ☐ **Attainment of the reference age in accordance with Art. 13, cl. 1 BVG**
- Copy of passport/ID (with legible signature)
 - From payment amount of CHF 20 000 upwards: current confirmation of place of residence (issued within the past month)
- ☐ **Early payout** (no earlier than five years before reaching the reference age in accordance with Art. 13, cl. 1 BVG)
- Copy of passport/ID (with legible signature)
 - From payment amount of CHF 20 000 upwards: current confirmation of place of residence (issued within the past month)
- ☐ **Divorce / partnership dissolved by law**
- Copy of the legally binding divorce or dissolution decree
(foreign divorce decrees must be recognised by a Swiss court)
 - If transferring to a pillar 3a institution: confirmation or copy of the pension provision agreement on the creation of the pillar 3a for the entitled spouse or registered partner
 - Copy of passport/ID (with legible signature)
 - From payment amount of CHF 20 000 upwards: current confirmation of place of residence (issued within the past month)
- ☐ **Pension fund purchase** (2nd pillar)
- Certification from the employee benefits institution (pension fund) of maximum possible purchase sum
 - Copy of passport/ID (with legible signature)



- ☐ **Transfer to another pillar 3a employee benefits institution**
- Confirmation or copy of the pension plan agreement for the new pillar 3a employee benefits institution
 - Copy of passport/ID (with legible signature)
- ☐ **Taking up self-employment or giving up self-employment and taking up another type of self-employment**
(Payment is only possible within a year of starting)
- Copy of the current ruling of the AHV administration office stating that you are self-employed as your primary occupation
 - Copy of passport/ID (with legible signature)
 - Signature and current copy of an identification document (passport/ID with legible signature) of the spouse/registered partner*
 - From payment amount of CHF 20 000 upwards: current confirmation of place of residence (issued within the past month)
- I confirm that I am taking up self-employment as my main occupation and am no longer subject to mandatory coverage for occupational provisions (OPA).
- ☐ **Leaving Switzerland permanently**
- Copy of passport/ID (with legible signature)
- and**
- Copy of the de-registration certificate from your Swiss domicile (de-registration date no more than one year old)
- or**
- Copy of your current confirmation of place of residence abroad (issued within the past six months)
- and**
- Signature and current copy of an identification document (passport/ID with legible signature) of the spouse/registered partner*
- ☐ **Disability** (payment of full disability income)
- Copy of the current ruling of the Federal Disability Insurance
 - From payment amount of CHF 20 000 upwards: current confirmation of place of residence (issued within the past month)
- ☐ **Death of the policyholder**
- Copy of the death certificate plus certificate of inheritance and official list of heirs

**If unmarried or not living in a registered partnership, please supply official registry office confirmation of civil status (issued within the last month).*

Transfer (please enclose the appropriate QR-bill)

Name of account holder (to account in the name of the policyholder)

Name of bank/employee benefits institution

Address

IBAN

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I confirm the accuracy and completeness of the above information and the documents submitted. I grant the Swiss Life 3a Employee Benefits Foundation permission to carry out further investigations, if necessary. I also issue instructions for the sale of any securities with the Swiss Life 3a Employee Benefits Foundation to the required extent.

Place, date

Signature of applicant

Signature of spouse/registered partner (if required)

Pages Enclosures

Send the original (not a copy, fax or e-mail) to the Swiss Life 3a Employee Benefits Foundation

All information on the processing of personal data and the processing purposes involved can be found in the **data protection consent form**, the latest version of which is available at any time at www.swisslife-wealth.ch/en/dse-3a or at the following address: Swiss Life 3a Employee Benefits Foundation, c/o Swiss Life Wealth Management Ltd, Service Center, General-Guisan-Quai 40, P.O. Box, 8022 Zurich.

