

## Request for payout

**Client number:**

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**Policyholder:**

First name, last name

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Street, no.

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Postcode, place

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Marital status

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**Social insurance no. (AHV)**

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Telephone no. (for queries)

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E-mail address

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## Pension fund purchases

Have you made any purchases of occupational provisions over the past three years?

☐ YES ☐ NO

If yes: please enclose the relevant certificates (copy of purchase confirmation)

If purchases have been made, the benefits resulting from them may not be withdrawn again as a lump sum (in whatever form) within the next three years (Art. 79b cl. 3 OPA). A lump-sum withdrawal is only possible **after** the three-year block on lump-sum withdrawals lapses.

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

- ☐ **Reaching the AHV reference age or early payout** (no earlier than 5 years before reaching the AHV reference age)
  - Copy of policyholder's passport or ID (with recognisable signature)
  - Confirmation of place of residence (not older than 1 month)
  - Civil status certificate or equivalent document (not older than 1 month)
  - Copy of spouse's/registered partner's passport or ID (with recognisable signature)
  - Signature of spouse/registered partner (on this form)
- ☐ **Divorce / partnership dissolved by law**
  - Copy of the final divorce or dissolution verdict (*Swiss divorce decree*)
  - Name and address of the employee benefits/vested benefits institution of the entitled spouse/registered partner
  - QR-bill (if available) from the employee benefits/vested benefits institution of the entitled spouse/registered partner
  - Copy of policyholder's passport or ID (with recognisable signature)
- ☐ **Transfer to an employee benefits institution (BVG pension fund)**
  - Certificate from the employee benefits institution (certificate of entry or pension certificate)
  - QR-bill or confirmation from the employee benefits institution
- ☐ **Transfer to other vested benefits institution**
  - Certificate from the employee benefits institution (certificate of entry or pension certificate)
  - QR-bill or confirmation from the new employee benefits institution



- ☐ **Small amount**  
(withdrawal benefit is less than the employee's annual contribution at the last employee benefits institution prior to transfer to the vested benefits foundation)
- Copy of last pension certificate or annual salary statement
  - Civil status certificate or equivalent document (not older than 1 month)
  - Copy of policyholder's passport or ID (with recognisable signature)
  - Copy of spouse's/registered partner's passport or ID (with recognisable signature)
  - Signature of spouse/registered partner (on this form)
- ☐ **Disability** (payment of full disability income)
- Confirmation of place of residence (not older than 1 month)
  - Copy of policyholder's passport or ID (with recognisable signature)
  - Civil status certificate or equivalent document (not older than 1 month)
  - Confirmation from federal Disability Insurance or copy of the current pension ruling
  - Copy of spouse's/registered partner's passport or ID (with recognisable signature)
  - Signature of spouse/registered partner (on this form)
- ☐ **Death of the policyholder**
- Copy of the death certificate plus certificate of inheritance and official list of heirs
  - Family certificate or certificate of registered marital status
  - We will contact you directly for any further documents

**Transfer** (please enclose the appropriate QR-bill)

Name of account holder *(only possible to an account held in the policyholder's name or an employee benefits/vested benefits institution)*

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Name of bank/vested benefits institution

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Address

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I request payment of the vested benefit in accordance with the above application. Once all the capital has been transferred, the vested benefits account/custody account will be closed. I confirm the accuracy and completeness of the above information and the documents submitted. I grant the Vested Benefits Foundation Swiss Life permission, if necessary, to carry out further investigations. At the same time, I am issuing an order to sell any securities investments to the extent required.



**Certification of signature(s), if payout amount is CHF 20 000 or higher. Exception: transfer to another employee benefits institution.**

**Important:** The signature(s) must be certified on this payment form. Please only sign in the presence of the official (at the notary's office, municipal office at your place of residence, etc.)

Stamp and signature of the certifying officer

Place, date

Signature of applicant

Signature of spouse/registered partner (if required)

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

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.ch/en/privacy](http://www.swisslife.ch/en/privacy) or at the following address: Vested Benefits Foundation Swiss Life, c/o Swiss Life Ltd, Service-Center LPZ, General-Guisan-Quai 40, P.O. Box, 8022 Zurich.

