

## Request for payout

Client number:

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Social insurance no. (AHV)

7 5 6 .  .  .

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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Telephone no. (for queries)

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E-mail address

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### 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

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

- Attainment of AHV reference age**
  - 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 AHV reference age)
  - 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)*

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Name of bank/employee benefits institution

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Address

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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.

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Place, date

\_\_\_\_\_  
Signature of applicant

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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-fz3a](http://www.swisslife-wealth.ch/en/dse-fz3a) 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.

