

Please use block capitals. All references to persons apply to both genders.

Account holder

Retirement savings account no. _____

Last name	_____	First name	_____
Street	_____ No _____	Country	_____
Postal code	_____	Location	_____
Date of birth (dd.mm.yyyy)	_____	Telephone	_____
Marital status	_____		

Disbursement date

Note: the date may be a maximum of three months in the future. It may take up to ten working days after receipt by mail to process the request.

Reason for payout (specifying the documents that must be enclosed)

The documents submitted will not be returned. Copies are accepted.

Documents in foreign languages must be submitted with a certified translation into English, German, French, Italian or submitted with a certified translation.

If the retirement assets are pledged, the pledgee (e. g., the bank) must cancel the pledge (pledge release). A copy of the pledge release must be submitted.

Reaching age (from age 59 for women and age 60 for men)

- Official, signed identity document of the pension account holder

Definitive emigration from Switzerland

Condition: Neither working nor living in Switzerland. Earliest possible payout is one month prior to departure from Switzerland.

- Certificate of civil status / personal marital status certificate (not older than three months) resp. marriage / partnership certificate
- Official, signed identity document of the pension account holder
- Official, signed identity document of the of spouse / registered partner
- Official certificate of departure from communal registration office with indication of place of destination (date of deregistration not older than one year)

or

- Confirmation of residency abroad (issue date not older than three months)

I no longer work or live in Switzerland:

- Yes No (payout not possible)

Future country of domicile: _____

Cross-border commuters: Definitive termination of employment in Switzerland

Condition: Neither working nor living in Switzerland.

- Certificate of civil status / personal marital status certificate (not older than three months) resp. marriage / partnership certificate
- Official, signed identity document of the pension account holder
- Official, signed identity document of the of spouse / registered partner
- Expired cross-border commuter permit

I no longer work or live in Switzerland:

- Yes No (payout not possible)

Current country of domicile: _____

Start of self-employment in Switzerland

Condition: Payout only possible within a year of assuming self-employed status as main occupation. Sole proprietorships and partnerships are accepted legal forms for the payout, but Ltd. (GmbH) or stock companies are not.

- Certificate of civil status / personal marital status certificate (not older than three months) resp. marriage / partnership certificate
- Official, signed identity document of the pension account holder
- Official, signed identity document of the of spouse / registered partner
- Admission confirmation of AHV compensation fund

Self-employed as main occupation since: _____

Self-employed as secondary occupation since: _____

(payout not possible if exclusively as secondary occupation)

Disability

Condition: Recipient of a full disability pension from Federal Disability Insurance AI/IV.

- Official, signed identity document of the pension account holder
- Current decree from AI/IV (not older than one year)

PF Pension retirement funds

Transfer PF Pension retirement funds*

The entire portfolio from the PF Pension retirement funds is transferred to my personal fund self-service custody account or fund consulting basic.

Custody account number ____ - ____ - ____ - ____ - ____

*Only possible with reasons for payout:

- Age reached (from 59 for women and from 60 for men)
- Commencement of self-employment or different self-employment
- Disability

Sell PF Pension retirement funds

Investments in PF Pension retirement funds will be sold in the required amount by the payout date. If the securities investments are to be sold immediately, i.e. before the disbursement date, please submit a separate fund order.

Payment instruction (please specify exclusively an account in **your name)**

Name of bank _____

IBAN/SWIFT _____

In the name of _____

For transfers to a foreign bank please enclose detailed payment instructions (IBAN or SWIFT). The transfer will be made in Swiss francs (CHF).

Signature(s)

The pension account holder

- confirms hereby that the application and the documentation provided are correct and complete;
- authorizes the PostFinance Retirement Savings Foundation 3a to make any other inquiries that may be necessary.

Location _____

Date (dd.mm.yyyy) _____

Signature of account holder _____

Location _____

Date (dd.mm.yyyy) _____

Signature of spouse / registered partner _____

Please send the form to:

PostFinance Retirement Savings Foundation 3a
P.O. Box
CH-4002 Basel

Please leave empty

Date (dd.mm.yyyy) _____ Customer advisor _____