

**Please send to: PostFinance Retirement Savings Foundation 3a, P.O. Box, 4002 Basel, Switzerland**

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

## Account holder

Mr       Ms      Retirement savings account no. \_\_\_\_\_

Last name	_____	First name	_____
Street, no.	_____	Date of birth	_____
Postcode	_____	Location	_____
Country	_____	Telephone	_____
Nationality	_____	Marital status	_____

## If the beneficiary is not the same person as the pension fund member

Last name	_____	First name	_____
Street, no.	_____	Telephone	_____
Postcode	_____	Location	_____
Country	_____		

## Reason for payout (including the necessary enclosures)

Please give the reason for the payout and enclose the necessary documents.

- Statutory AHV retirement age reached**
- Early withdrawal (at the earliest five years before reaching statutory AHV retirement age)**
- Death of pension fund member**
  - Copy of death certificate and family register and
  - Certificate of inheritance and official register of heirs
- Disability (full disability pension drawn)**
  - Copy of current decree from federal disability insurance scheme
- Divorce / legally dissolved partnership**
  - Copy of legally binding divorce or dissolution judgment (foreign divorce judgments recognized and enforced by a Swiss court)
  - Confirmation or copy of retirement savings agreement of new pillar 3a retirement savings institution
- Assignment to spouse/registered partner as a result of change in matrimonial property regime**
  - Copy of certified matrimonial property agreement
  - Confirmation or copy of retirement savings agreement of new pillar 3a retirement savings institution
- To buy into the pension fund (pillar 2)**
  - Confirmation of the pension fund regarding maximum allowable contribution
- Transfer to another pillar 3a retirement savings institution**
  - Confirmation or copy of retirement savings agreement of new pillar 3a retirement savings institution
- Commencement of self-employment or different self-employment (a payout can only be disbursed within one year of the commencement date)**
  - Copy of current decree from AHV compensation fund
  - Signature and copy of current identification document of spouse / registered partner
  - Official confirmation of marital status (no older than three months) if not married or if not living in a registered partnership.

**Permanent emigration from Switzerland (a payout can be disbursed at the earliest one month before the date of departure from Switzerland)**

- Copy of certificate of deregistration issued by Swiss residents' registration authority (date of deregistration not more than one year ago) or
- Copy of current certificate of residence in foreign country or
- Affidavit in foreign country (certified self-certification of place of residence)
- Signature and copy of current identification document of spouse / registered partner
- Official confirmation of marital status (no older than three months) if not married or if not living in a registered partnership.

If funds are to be used to finance a property purchase, use the Home ownership assistance with retirement savings account 3a form only.

- Withdrawal of all retirement assets
- Partial withdrawal of retirement savings (only possible when buying into a pension fund and in the event of divorce/legal dissolution of partnership)
- Do not close retirement savings account

Date of payment \_\_\_\_\_

Amount in CHF \_\_\_\_\_

Please note that only dates in the future (max. 3 months) may be specified and can be complied with only if the foundation has received all necessary documents by this date.

**Transfer**

May only be made to a private or joint account in the name of the pension fund member.

- to my postal account \_\_\_\_\_
- to the following bank \_\_\_\_\_
- to the retirement savings institution \_\_\_\_\_

Name and address of bank/retirement savings institution \_\_\_\_\_  
\_\_\_\_\_

Bank clearing no. \_\_\_\_\_

IBAN \_\_\_\_\_

Last name, first name of account holder \_\_\_\_\_

- I wish to arrange a consultation with an advisor at a PostFinance branch to discuss the further options for investing my retirement savings.

Please call me between \_\_\_\_\_ and \_\_\_\_\_ Clock

I confirm that the details given above and the documentation provided are correct and complete. I authorize the PostFinance Retirement Savings Foundation 3a to make any further enquiries that may be required. I also authorize the sale of any fund investments held by the PostFinance Retirement Savings Foundation 3a in the amount necessary by the payout date.

Location \_\_\_\_\_ Date \_\_\_\_\_

Signature of pension fund member  
(Include a copy of a current form of identification, e.g. passport) \_\_\_\_\_

Signature of spouse/registered partner \_\_\_\_\_

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**Please leave empty**

Date \_\_\_\_\_ Customer advisor \_\_\_\_\_