

must be submitted as an original

## Payment Order

Account/Deposit

Client/Portfolionumber

Payment instructions

Amount to be transferred

Maximum authorised withdrawal

Currency

CHF  EURO  USD  GBP  AUD  CAD

Client

Name

First name

Street, N°

Postal code, place

Country

Civil status

E-mail

Phone

Beneficiary

If the Client and the beneficiary are not one and the same person, the Client's authenticated signature will be required in addition to the following particulars:

Name

First name

Street, N°

Postal code, place

Country

Authenticated signature of the Client/beneficiary

Authentication of the clients signature/beneficiary

Authentication in Switzerland: municipality, notary or attorney-at-law (with stamp, name and binding signatures)

Authentication abroad: notary, attorney-at-law or consulate (with stamp, name and binding signatures)

## Withdrawals

You may withdraw your vested pension benefits in the following cases:	
Reason for withdrawal	Documents to be produced
<input type="checkbox"/> I am leaving Switzerland or Liechtenstein permanently, or already live outside these two countries. *	<ul style="list-style-type: none"> <li>- Confirmation of departure from the local municipality</li> <li>- Copy of passport or ID with legible signature</li> <li>- Recent foreign resident certificate, no more than 3 months old</li> <li>- Confirmation of civil status 1)</li> </ul>
<input type="checkbox"/> I am a cross-border worker and I am giving up my gainful employment in Switzerland or Liechtenstein permanently.	<ul style="list-style-type: none"> <li>- Written confirmation that gainful employment in Switzerland has ceased permanently</li> <li>- Confirmation of that work permit was surrendered or the cross-border working permit cancelled</li> <li>- Copy of passport or ID with legible signature</li> <li>- Confirmation of residence abroad, no more than 3 months old</li> <li>- Confirmation of civil status 1)</li> </ul>
<input type="checkbox"/> I am starting my own business in Switzerland (self-employment) and am no longer subject to mandatory pension coverage in Switzerland.	<ul style="list-style-type: none"> <li>- Copy of a valid decision of the AHV/AVS Compensation Fund (no older than 1 year)</li> <li>- Documents evidencing self-employment as a main occupation (business plan, lease agreement for business premises, employment contracts for employees, customer invoices, advertising materials, website, etc.)</li> <li>- Copy of passport or ID with legible signature</li> <li>- Confirmation of residence, no more than 3 months old</li> <li>- Confirmation of civil status 1)</li> </ul>
<input type="checkbox"/> The vested termination benefit is less than the member's annual contribution (negligibility).	<ul style="list-style-type: none"> <li>- Last personal pension certificate 2)</li> </ul>
<input type="checkbox"/> I have been granted a full IV/AI disability pension and have no supplemental disability coverage.	<ul style="list-style-type: none"> <li>- Copy of the current pension decision of the Federal Disability Insurance</li> <li>- Confirmation of residence, no more than three months old</li> <li>- Confirmation of civil status 1)</li> </ul>
<input type="checkbox"/> Reaching the reference age (at the earliest 5 years before, at the latest 5 years after). Only possible with residence in Switzerland.	<ul style="list-style-type: none"> <li>- Copy of passport or ID with legible signature</li> <li>- Confirmation of residence, no more than 3 months old</li> <li>- Confirmation of civil status 1)</li> </ul>
<input type="checkbox"/> The Client is deceased.	<ul style="list-style-type: none"> <li>- Copy of the official death certificate</li> <li>- Current extract from the civil status register</li> <li>- Copy of certificate of inheritance</li> </ul>

\* Condition: Residence permit has not been maintained.

1) **Persons who are single** must present an up-to-date certificate of civil status no more than 3 months' old.

1) **Persons who are married or bound by a registered partnership** must have the spouse's or partner's consent (officially certified signature)

1) **Persons who are divorced or whose registered partnership has been judicially dissolved** must present a copy of the divorce decree or decision dissolving the registered partnership, together with an up-to-date certificate of civil status no more than 3 months' old.

1) **Widows/widowers** must present a valid certificate of civil status, no more than 3 months' old

2) **Married persons** must provide their spouse's written consent. If the vested termination benefits exceeds CHF 20,000, the signature must be certified.

**Purchases**

- No purchases of occupational benefits were made in the last three years.
- In the last three years, the following purchases of occupational benefits were made:  
(please attach the relevant certificates from your pension fund)

Date of purchase Amount in CHF

Date of purchase Amount in CHF

Date of purchase Amount in CHF

If a purchase was made, the benefits deriving from that purchase may not be withdrawn as a lump sum in the following three years. In its decision of 12 March 2010 (BGE 2C-658/2009), the Federal Supreme Court ruled that, for tax purposes, the three-year freeze applies to the entire retirement savings capital and not just to the benefits deriving from the purchase. If the account holder nonetheless decides to make a withdrawal in the three years following a purchase, he/she should expect significant tax consequences.

**Authorisation  
to pay  
consulting fees**

The Client hereby authorises the Foundation to pay a one-time fee of \_\_\_\_\_ % of the vested benefit assets or CHF \_\_\_\_\_ by way of consulting fees to the following recipient:

Name

Street, N° Postal code, place

Place, date Client signature

**Payment & delivery instructions**

Transfer of cash

Account holder's address if the address in the Bank's records is not the address of his/her domicile.

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Bank

SWIFT

References

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Currency IBAN/Account number


Foreign currencies

Sale of foreign currency against CHF

Transfer in original currency

Transfer of securities. (If possible. Securities which cannot be transferred will be sold.)

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Bank

Bank contact point and email address

Deposit number

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**About fees**

Please note that, depending on the grounds for a payment, fees may be incurred. Our fees are transparent and are set out in the current Fee Schedule which is available on our website.

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**Declaration**

I hereby confirm that the above indications and the documentation produced are true and complete. I hereby authorise Lealta Foundation for Vested Benefits (the "Foundation") to make any necessary further investigations and, in the event of a permanent departure from Switzerland or Liechtenstein, to contact the competent authorities to inquire about the status of my resident permit or permanent resident permit.

I hereby also instruct the Foundation to sell my securities investments. The proceeds of the sale are to be credited to my vested benefit account until disbursement. If a cash payment is denied, or if I subsequently withdraw my application for one, the proceeds of the sale will remain on my vested benefits account save my written instructions to the contrary. My order to reinvest the funds or withdrawing this application must be issued in writing; no other form is binding on the Foundation.

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**Signature**

Place, date

Signature of the Client/beneficiary

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**Confirmation of the spouse or registered partner (cash withdrawals)**

Name

First name

Place, date

Signature of the spouse or registered partner

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The consent of the spouse or registered partner must in any event be provided.

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**Authentication of spouse's or registered partner's signature**

**Authentication in Switzerland:** municipality, notary or attorney-at-law (with stamp, name and binding signatures)

**Authentication abroad:** notary, attorney-at-law or consulate (with stamp, name and binding signatures)

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