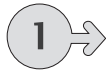
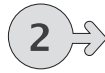


Directions



Fill in forms



Sign forms



Copy passport
or ID



Send



Confirmation

An attractive vested benefit solution in a few easy steps with Liberty Foundation for Vested Pension Benefits ("Foundation"):

1

To ensure that the account can be opened and your funds transferred and invested smoothly and punctually, please fill in the following forms:

- **Application to open an account:** together with the risk check, application to open a securities account and affiliation sheet. A maximum of 1 vested benefits account can be opened.
 - **Transfer order**, for the transfer of a termination payment or vested benefit from a 2nd pillar occupational benefit institution.
 - **Application form for Liberty Connect**, if desired.
-

2

For the account opening and transfer to be valid, all the above-listed forms must be received duly signed.
Please list the attached documents sent on the final sheet.

3

Always attach a copy of your passport or ID (showing the photo and a legible signature).

4

Please send the complete documentation to:

info@liberty.ch or

Liberty Vorsorge
Steinbislin 19
Postfach 733
6431 Schwyz

5

The Foundation will send the Client an account opening confirmation within a few days. The transfer order, duly signed and completed by the Client, will be forwarded to the Client's previous pension fund, vested benefits institution or insurance company with the corresponding payment slip and confirmation. As soon as the funds are received, the Foundation will issue a confirmation of receipt to the account-holder. If a securities solution has been agreed, the pension assets will be invested in accordance with the client's instructions.

The Foundation has no influence on the time it takes to transfer the funds. Any inquiries should be addressed directly to your pension institution, vested benefit foundation, bank, insurance company or consultant.

We remain at your disposal for any further assistance and information.

Liberty Vorsorge
+41 58 733 03 22
info@liberty.ch

Application to Open an Account with Liberty Foundation for Vested Pension Benefits

Client particulars

Title * Mr Mrs/Ms Title Dr. Prof. Prof. Dr.

Name * First name *

Street, N° * Postal code, place, country *

Nationality Phone Date of birth *

Insurance number (AVS) * Civil status/date of marriage * Email address *

* mandatory field

Transfer Instructions

With regard to the account opening application form and in accordance with the attached transfer order, I hereby instruct the Foundation to collect my pension assets and any securities held with my prior 2nd pillar pension institutions. In absence of a transfer order, a payment slip will be enclosed with the account opening confirmation.

Liberty Connect

I would like online access to my pension relationship(s) and enclose my application for Liberty Connect.

Berater

I am already registered with Liberty as a consultant. I would like to register with Liberty as a consultant.

Company name Phone

Name First name

Street, N° Postal code, place, country

Correspondence instructions

Hold, do not send

send by email * → Client Consultant Client with copy to Consultant

send by post * → Client Consultant Client with copy to Consultant

* Choose between email and post.

Client's address for correspondence (if different):

c/o Name/Company First name/Contact

Street, N° Postal code, place, country

Paying agent

Valiant Bank AG Credit Suisse AG

Client visa

Personal Risk Check for Liberty Foundation for Vested Pension Benefits

If you opt for a securities solution, we need to know more about your personal capacity for risk. Your personal data, risk tolerance, investment goals and time horizon are the basis for your personal investment strategy. Please take the necessary time to answer this questionnaire.

Client

Client/Portfolionumber

Name

First name

Please tick the statements that are true or correspond best.

Personal particulars

Questions 1 to 7 serve to identify the key aspects of your personal investment environment and planned investment horizon.

1. Please state your age

- | | |
|---|----|
| a) <input type="checkbox"/> under 35 | 12 |
| b) <input type="checkbox"/> between 35 and 45 | 9 |
| c) <input type="checkbox"/> between 45 and 60 | 6 |
| d) <input type="checkbox"/> over 60 | 3 |

2. Which of the following statements best describes your present expenditures situation (rent, your children's education and training, mortgage, holiday plans, etc.)?

- | | |
|---|---|
| a) <input type="checkbox"/> My recurrent liabilities absorb the greater part of my income. | 2 |
| b) <input type="checkbox"/> My recurrent liabilities absorb less than half of my income. | 4 |
| c) <input type="checkbox"/> My recurrent liabilities absorb an insignificant part of my income. | 6 |

3. If you were to lose your regular income overnight, how long would you be able to finance your customary standard of living? In answering, assume that you do not want to sell any long-term assets (real estate, securities, etc.)

- | | |
|--|----|
| a) <input type="checkbox"/> less than 3 months | 2 |
| b) <input type="checkbox"/> between 3 and 6 months | 4 |
| c) <input type="checkbox"/> between 6 and 12 months | 6 |
| d) <input type="checkbox"/> between 12 and 18 months | 12 |
| e) <input type="checkbox"/> longer than 24 months | 18 |

4. In the next 5 years, do you expect your income to

- | | |
|---|---|
| a) <input type="checkbox"/> ... increase? | 6 |
| b) <input type="checkbox"/> ... remain more or less the same? | 4 |
| c) <input type="checkbox"/> ... decrease? | 2 |

5. How much are your total assets currently worth (real estate excluded)?

- | | |
|---|----|
| a) <input type="checkbox"/> less than 50 000 | 0 |
| b) <input type="checkbox"/> between CHF 50 000 and CHF 250 000 | 6 |
| c) <input type="checkbox"/> between CHF 250 000 and CHF 500 000 | 9 |
| d) <input type="checkbox"/> over CHF 500 000 | 15 |

6. How much experience do you have with securities?

- | | |
|---|---|
| a) <input type="checkbox"/> little or no experience | 2 |
| b) <input type="checkbox"/> adequate experience | 4 |
| c) <input type="checkbox"/> extensive/professional experience | 6 |

Client visa

7. How long is your investment horizon with regard to the planned strategy?

a) <input type="checkbox"/> 0–3 years → Your investment horizon generally corresponds to a low-risk investment strategy.	0
b) <input type="checkbox"/> 3–5 years	2
c) <input type="checkbox"/> 6–10 years	4
d) <input type="checkbox"/> 10 – 20 years	10
e) <input type="checkbox"/> over 20 years	15

Capacity for risk

Questions 8 and 9 serve to establish your capacity for risk taking into account your investment horizon.

8. As the following examples show, the higher the expected returns, the higher the risk; this therefore presupposes a higher capacity for risk. These examples are hypothetical and disregard the current market situation. Which of the following statements best applies?

a) <input type="checkbox"/> You are not willing to accept fluctuations in asset values. → Your risk tolerance generally advises a low-risk investment strategy.	0
b) <input type="checkbox"/> You seek stable returns with limited fluctuations in asset value (e.g. investments may fluctuate between minus 5% and plus 5% per year).	2
c) <input type="checkbox"/> You are willing to accept a certain degree of annual fluctuation in asset value in order to achieve higher long-term returns (e.g. investments may fluctuate between minus 10% and plus 10% per year).	4
d) <input type="checkbox"/> You are willing to accept annual fluctuations in asset value in order to achieve higher long-term returns (e.g. investments may fluctuate between minus 15% and plus 15% per year).	7
e) <input type="checkbox"/> You are willing to accept high yearly fluctuations in asset value in order to maximise long-term returns (e.g. investments may fluctuate between minus 20% and plus 20% per year).	10

9. Assume that you have opted for an investment involving a certain risk. After initial gains, your investment starts making a loss. How would you react assuming that your personal investment environment and time horizon under questions 1 to 7 have not significantly changed?

a) <input type="checkbox"/> I would probably switch to a less risky investment.	2
b) <input type="checkbox"/> I would probably wait and only change after a drastic loss.	4
c) <input type="checkbox"/> I would probably hold on to my investment because I can basically accept temporary losses in price.	6

Total points

Client visa

Risk check evaluation

Risk profile	Risk Level	Corresponding investment strategy
	Risk Level 1 <input type="checkbox"/> 0 – 20 points	Low risk: Your risk profile corresponds to a strategy geared to the long-term preservation of capital, without any significant fluctuation in asset values. The investment focus is therefore on a fixed-interest, value-preserving investment solution denominated in Swiss francs. Risk Notice: You should be aware that no strategy is entirely risk-free. Therefore, a value-preserving strategy can produce a negative performance.
	Risk Level 2 <input type="checkbox"/> 21 – 33 points	Conservative: Your risk profile corresponds to a conservative strategy targeting regular income, without entirely neglecting chances for slight price and/or exchange rate gains. Investments are weighted in favour of fixed-rate instruments such as bonds. The combination of a small equities allocation and a limited foreign currency content aims to build up assets in the long term while limiting fluctuations in asset value. Your appetite for risk allows an equity allocation of up to 25% or the low-risk investment strategy.
	Risk Level 3 <input type="checkbox"/> 34 – 46 points	Balanced: Your risk profile corresponds to a balanced strategy, targeting regular income and a higher long-term return. Asset allocation is balanced between fixed-term investments, equities and foreign currency. This is designed to ensure stable returns while taking advantage of opportunities for price and/or foreign exchange gains. The aim is long-term asset appreciation while accepting fluctuations in asset value. Your appetite for risk allows an equity allocation of up to 40%, or the low-risk investment strategy.
	Risk Level 4 <input type="checkbox"/> 47 – 60 points	Dynamic: The dynamic risk profile corresponds to a strategy targeting higher price and/or foreign exchange gains rather than regular income. Asset allocation is weighted in favour of assets with a higher foreign currency share. The aim is high long-term asset appreciation, accepting fluctuations in asset values. Your appetite for risk allows an equity allocation of up to 60%, or the low-risk investment strategy. With your risk profile, the extended investment opportunities under Article 50(4) BVV2/OPP2 and the Foundation's Investment Regulations are available to you.
	Risk Level 5 <input type="checkbox"/> 61 – 74 points	Growth: Your risk profile corresponds to a strategy where higher price and/or foreign exchange gains are more heavily weighted than regular income. Asset allocation favours assets (equities) with a high foreign currency share. The aim is high long-term asset appreciation hazzarding fluctuation in asset values. Your appetite for risk allows an equity allocation of up to 80% or the low-risk investment strategy. The extended investment opportunities under Article 50(4) BVV2/OPP2 and the Foundation's Investment Regulations are available to you.
	Risk Level 6 <input type="checkbox"/> 75 – 94 points	Capital gains: Your risk profile corresponds to a strategy where higher price and/or foreign exchange gains are significantly more heavily weighted than regular income. Asset allocation favours assets (equities) with a very high share of foreign currencies. The aim is high long-term asset appreciation, accepting significant fluctuations in asset values. Your appetite for risk allows an equity allocation up to a max. of 85% or the low-risk investment strategy. The extended investment opportunities under Article 50(4) BVV2/OPP2 and the Foundation's Investment Regulations are available to you.

Choice of investment strategy

Based on my risk check and risk profile and taking into account the applicable Foundation Regulations, I hereby instruct the Foundation to apply the following investment strategy:

Investment strategy	Low risk	Conservative	Balanced	Dynamic	Growth	Capital gains
Risk Level	1	2	3	4	5	6
Chosen strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confirmation

I hereby confirm that I have answered all the questions truthfully, added up the points, and understood the risk profile and investment strategy corresponding to the total points. The investment strategy I have chosen

my risk profile not my risk profile

Reason for the deviation if the investment strategy is higher than the risk profile.

Client visa

Opening of a securities deposit/Investment decision

I acknowledge that, in the case of a securities solution, when the products are selected a securities account will automatically be opened in addition to the account.

Client

Client/Portfolionumber

Name

First name

**Sales Partner/
Consultant**

Company name (please fill in completely)

**Power of
attorney**

Power of attorney

I grant the sales partner/consultant the authority to represent my interests towards the Foundation in connection with my pension assets. This includes ensuring compliance with statutory and regulatory investment guide-lines in accordance with Article 19a FZV in conjunction with Articles 49 to 58 BVV2/OPP2 and the Investment Regulations, to review my chosen investment strategy and give the Foundation any appropriate instructions, as well as the right to make statements on my behalf via the online portal provided by the Foundation, undertake administrative acts (e.g. instructions, orders, changes or notifications), and view and manage the cash and/or securities holdings in my pension assets.

**Investment
decision**

Investment strategy/Product selection	Risk Level	Lump-sum fees (p.a.)		
		Foundation	Consultant	Total

**BVG Fund Invest
Champs**

The standard "Champs" strategies invest in the three best BVG strategy funds in their respective comparison group.

<input type="checkbox"/> Conservative - Champ Max25	Risk Level 2	0.40%	_____ %	_____ % (max. 1.00%)
<input type="checkbox"/> Balanced - Champ Max40	Risk Level 3	0.40%	_____ %	_____ % (max. 1.00%)
<input type="checkbox"/> Dynamic - Champ Max60	Risk Level 4	0.40%	_____ %	_____ % (max. 1.00%)
<input type="checkbox"/> Growth - Champ Max80	Risk Level 5	0.40%	_____ %	_____ % (max. 1.00%)
<input type="checkbox"/> Capital gains - Champ Max85	Risk Level 6	0.40%	_____ %	_____ % (max. 1.00%)

Frequency: Investments and disinvestments are at least executed once a month.

**Index Fund
Invest**

The standard "Selection Index" strategies invest in broadly diversified index funds.

<input type="checkbox"/> Conservative - Selection Index 20	Risk Level 2	0.45%	_____ %	_____ % (max. 1.20%)
<input type="checkbox"/> Balanced - Selection Index 35	Risk Level 3	0.45%	_____ %	_____ % (max. 1.20%)
<input type="checkbox"/> Dynamic - Selection Index 55	Risk Level 4	0.45%	_____ %	_____ % (max. 1.20%)
<input type="checkbox"/> Growth - Selection Index 75	Risk Level 5	0.45%	_____ %	_____ % (max. 1.20%)
<input type="checkbox"/> Capital gains - Selection Index 80	Risk Level 6	0.45%	_____ %	_____ % (max. 1.20%)

Frequency: Investments and disinvestments are at least executed once a month.

The above annual lump-sum fees cover all costs, fees, expenses and outlays incurred in the exercise of all functions and duties by the parties concerned with regard to the member's account or securities deposit. This does not apply to any expenses, currency spreads and third-party duties (e.g. VAT, stamp duties, etc.).

**Distribution fee
for securities
solutions**

The intermediation fee of _____ % or CHF _____ (max. 2%) is charged once on each deposited amount. The distribution fee covers the consultant's costs of business initiation and guidance to the account-holder.

Fees shall be charged by the Foundation to the member's account in accordance with the Fee Schedule.

Client visa

Affiliation sheet

Client

Client/Portfolionumber

Name

First name

Confirmation

I hereby confirm that all the information provided by me is true and accurate and request the opening of the desired account/deposit. I further confirm that I have read and understood the Regulations and General Terms and Conditions of the Foundation and that I accept their contents. **The currently valid Foundation Regulations and General Terms and Conditions are published on the liberty.ch homepage under the heading «Foundation Regulations/General Terms and Conditions».**

Data exchange/ Authority to provide information

I hereby release the Foundation and its representatives from all confidentiality obligations under Swiss law or any other applicable law which may prohibit the disclosure of such information (e.g. Article 62 FADP) and agree that the Foundation may share certain personal data of mine in accordance with the Privacy Policy. In particular, the data will be disclosed to provide the Foundation's products and services requested by me, but also for marketing purposes. I hereby authorise the Foundation and agree that it may also disclose my personal data to foreign recipients (e-mail communication, data centers) as part of the above-mentioned data disclosures. **The currently valid Privacy Policy is published on the liberty.ch homepage under the heading «Privacy Policy».**

Confirmation concerning risk check/ investments

I confirm that I have answered all questions truthfully and that the risk profile I have selected corresponds to my capacity for risk. My investment decisions were taken relying on my investment knowledge, investment objectives and investment horizon. I was not promised any returns on investments. Moreover, I am aware that the chosen investment horizon may be affected by events outside my control (e.g. termination of employment, disability, death). I am further aware that investments in securities and other assets can produce losses (e.g. on prices, interest rates and currencies) and that I alone carry that risk.

Signature

Place, date

Client signature

Attachments

- Copy of passport or ID (with photo and legible signature) *
- Transfer order
- Application form for Liberty Connect

* **mandatory documents**

Consultant

(to be filled in only by the Consultant)

The Consultant confirms to the Foundation, that the Consultant complied with the duty to inform the account-holder when the "risk check" form was completed, and that the account-holder him/herself chose his/her own investment strategy. The Consultant further confirms in this regard that he explained the investment options and the related risks and costs, as well as the extended investment possibilities according to Article 50(4) BVV2/OPP2 to the account-holder and that the low-risk investment strategy or the account solution (Risk Level 1) was presented.

Name, first name

Agency

Place, date

Consultant signature

Transfer order/authorisation for existing 2nd pillar pension plan

**Sender
(Principal/
Client)**

Name First name

Street, N° Postal code, place

**2nd pillar
pension plan**

Name and address of existing pension plan/vested benefit institution/insurance company Date of departure

Transfer order

I hereby instruct the above-mentioned pension plan, vested benefits institution or insurance company to transfer the vested termination benefit to my vested benefit account with Liberty Foundation for Vested Pension Benefits in accordance with the attached payment slip.

- total amount CHF _____ (optional)
 partial amount CHF _____ (not possible for vested benefit accounts or policies)

Please handle any securities as follows (please attach current securities deposit statement):

- sell and transfer proceeds of sale in accordance with the payment slip
 transfer the securities in accordance with the attached delivery instructions and pay the balance in accordance with the payment slip

As reference, please indicate the Client's name and first name and his insurance number.

**2nd pillar
pension plan**

Name and address of existing pension plan/vested benefit institution/insurance company Date of departure

Transfer order

I hereby instruct the above-mentioned pension plan, vested benefits institution or insurance company to transfer the vested termination benefit to my vested benefit account with Liberty Foundation for Vested Pension Benefits in accordance with the attached payment slip.

- total amount CHF _____ (optional)
 partial amount CHF _____ (not possible for vested benefit accounts or policies)

Please handle any securities as follows (please attach current securities deposit statement):

- sell and transfer proceeds of sale in accordance with the payment slip
 transfer the securities in accordance with the attached delivery instructions and pay the balance in accordance with the payment slip

As reference, please indicate the Client's name and first name and his insurance number.

**2nd pillar
pension plan**

Name and address of existing pension plan/vested benefit institution/insurance company Date of departure

Transfer order

I hereby instruct the above-mentioned pension plan, vested benefits institution or insurance company to transfer the vested termination benefit to my vested benefit account with Liberty Foundation for Vested Pension Benefits in accordance with the attached payment slip.

- total amount CHF _____ (optional)
 partial amount CHF _____ (not possible for vested benefit accounts or policies)

Please handle any securities as follows (please attach current securities deposit statement):

- sell and transfer proceeds of sale in accordance with the payment slip
 transfer the securities in accordance with the attached delivery instructions and pay the balance in accordance with the payment slip

As reference, please indicate the Client's name and first name and his insurance number.

Signature

Place, date Client signature

Attachments

- Foundation payment slip
- Delivery instructions (for the transfer of securities to the Foundation)
- Current statement of Client's security deposit (for securities transfers)

**Confirmation
from the new
Foundation**

We hereby confirm that the Client's account with Liberty Foundation for Vested Pension Benefits is a vested benefits account in accordance with Article 82 BVG and Article 19(1) and (2) of the Vesting Law.

Liberty Foundation for Vested Pension Benefits, Schwyz

Signature

Signature of Foundation

Application for Liberty Connect

Client

Client number

Insurance number (AVS)

Name *

First name *

Street, No *

Postal code, place, country *

Date of birth *

Mobile number *

Email address *

* mandatory fields

Means of authorisation

The user name and password for Liberty Connect will be sent by post.

Account and deposit authorisation

I agree that all my existing and future accounts/deposits relating to my individual pension relationships with one or if applicable, several pension institution/s, as the case may be (hereinafter «Foundation/s»), which provide Liberty Connect, are automatically activated in Liberty Connect. This consent shall also automatically apply to any future pension relationships with foundations that are not yet active or existing. **Note:** The contractual partner of Liberty Connect is in each case the Foundation with which a corresponding pension relationship has been established for the activated account/deposit account.

Declaration

I hereby declare that the provided information is true and accurate, and I request access to Liberty Connect. I confirm that upon receipt of the provided access information, I will view and accept my cash and securities balances including all transactions online. In addition, I agree that with immediate effect all documents and messages (including year-end statements and tax certificates) will be sent to me solely via Liberty Connect. Furthermore, I confirm that I have read the Terms and Conditions for Liberty Connect and accept them in their entirety as an integral part of the contractual agreement. **The currently valid Terms and Conditions for Liberty Connect are published on the liberty.ch homepage under the heading «Foundation Regulations/General Terms and Conditions».**

Signature

Place, date

Client signature

This application should be returned to us by email or in hard-copy to the address below.