



J. Safra Sarasin

Application to close the vested benefits account/the securities investment

Vested benefits account no.

Last name

First name

Residence for tax purposes:

Street

Postcode

Town/Country

Sell

Date

(Sell only Wednesdays, deadline orders on the eve of 5.00 p.m.)

Number of shares

Total balance

<input type="checkbox"/> LPP Yield	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> LPP Income	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> LPP Growth	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> LPP Future	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> LPP Equities 80 --non-BVV2-compliant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> LPP Sustainability	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> LPP Sustainability Income	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Important: The sale is executed only after receipt of a complete documentation.

Please fill in either point 1, 2 or 3; spouse/partner = married persons and registered partners as defined in the Swiss Federal Registered Partnerships Act (PartG)

☐ **1. Transfer to another Vested Benefits Foundation** ^{4,8}
(please enclose confirmation and pay-in slip for the new foundation/no partial transfer possible)

☐ **2. Transfer or purchase additional benefits in the pension fund** ^{4,8}

Name and address of the new pension fund foundation

Bank/account number

CHF amount

Ref. no./Contract no.

Postal account

☐ Enclosure: pay-in slip

⁴ Actual signed copy of passport / ID of accountholder (front- and backside)

⁸ Purchases / no purchases page 4



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☐ 3. Early pay-out of the vested benefits capital (no partial pay-out possible)

Reason for pay-out (please cross as appropriate and enclose documents listed)

- ☐ Age limit reached^{1, 4, 5, 6, 7, 8} (official LPP retirement age, max. 5 years before or after)
- ☐ Leaving Switzerland permanently^{1, 2, 3, 4, 5, 7}
- Officially certified signature of accountholder obligatory
 - Deregistration certificate from the Residents Registration Office (not more than 3 months old) or Confirmation of domicile (not more than 3 months old)
 - The cross-border worker has to enclose the confirmation of domicile (not more than 3 months old), the cancellation authorization-G and the self-declaration of the insured person that he no longer works in Switzerland
 - For processing fee (expense CHF 300.00) is charged and debited directly from the vested benefits account
- ☐ Low amount^{1, 4, 5, 6, 7} (less than annual personal pension contribution)
- Up-to-date pension fund statement
- ☐ Commencement of (a different type of) self-employment main occupation ^{1, 2, 4, 5, 7, 8}
(payment can only be made within one year after commencement of self-employment!)
- Up-to-date disposition from the OASI Equalisation Fund and copy registration form OASI «main occupation: self-employed»
 - Your written confirmation with your signature that within the last 12 months you have become self-employed as your main source of income and you are no longer covered by a compulsory occupational pension fund as an employee
 - Attach documents as proof of self-employment in your main business
 - For processing fee (expense CHF 100.00) is charged and debited directly from the vested benefits account
- ☐ Disability^{1, 4, 5, 6, 7} (degree of disability at least 70%)
- Up-to-date disposition from the IV Disability Insurance scheme (not more than 2 years old)
- ☐ Death of the insured person (to be enclosed by the heirs)
- Certificate of inheritance
 - Actual signed copy of passport / ID of the heirs
 - Divorce judgment
 - Current excerpt from civil status register

For payment within Switzerland

☐ Payment slip or ☐ Copy of bank/post card (front- and backside)

For foreign payment

Name and address of the bank

Bank- / Postal-IBAN-No.

in the name of

SWIFT

Social Security number of the beneficiary

If multiple beneficiaries: Social Security number of the beneficiaries



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☐ Advance withdrawal of pension benefits under the Swiss Federal Law on the Encouragement of the use of Pension Assets for Home Ownership^{1, 4, 5, 6, 7, 8}

☐ Advance withdrawal

☐ Partial benefits amounting to CHF _____

☐ Benefits accrued as of payment date

☐ while maintaining the account

☐ while closing the account

Advance withdrawal within past 5 years amount: CHF _____ paid out on _____

Intended use

☐ Construction/purchase

☐ Housing cooperative

Unit certificates and similar equities must be lodged with the J. Safra Sarasin Vested Benefits Foundation.

Property

☐ Apartment

☐ Single-family home

Documents to be enclosed as evidence of intended purpose (obligatory)

☐ Copy of notarised purchase contract

or

☐ Up-to-date land register extract
(including number of land register sheet)

☐ Bank confirmation of intended use
for own use and bank details

Name and address of mortgage lender

Mortgage account no.

Payment required on

☐ Enclosure: pay-in-slip
(private account not possible)

¹ Signature and actual signed copy of passport / ID of spouse (front- and backside) / registered partnership required, in case of registered partnership please enclose copy of partnership registration document

² Officially certified signature of spouse/registered partnership mandatory (obligatory)

³ If relocating to EU- or EFTA countries, only supplementary cover above compulsory LPP is possible; please choose under www.sfbvg.ch cash payment on departure abroad the relevant application form

⁴ Actual signed copy of passport / ID of accountholder (front- and backside)

⁵ Up-to-date confirmation of marital status (not more than 3 months old)

⁶ For foreign payment, officially certified signature of the accountholder obligatory

⁷ Officially submitted documents send with contact address, telephone number and e-mail

⁸ Purchases / no purchases page 4



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Purchases / no purchases (at point 1, 2 or advance withdrawal for Home Ownership, fill obligatory)

- ☐ 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 funds)

Date of purchase	Amount in CHF
_____	_____
Date of purchase	Amount in CHF
_____	_____
Date of purchase	Amount in CHF
_____	_____

If a purchase was made, the corresponding benefits may not be withdrawn as a lump sum in the following three years after the date of purchase. Please ask your tax office to inform you about the consequences of any lump sum withdrawals. N.B. **The client alone is responsible for the tax effects resulting from any lump-sum capital withdrawals.**

Confirmation

The insured person signing below and spouse/partner, if any, hereby confirm that they...

- have been informed that they will be liable for tax immediately on payment/advance withdrawal of the pension benefits
- give the J. Safra Sarasin Vested Benefits Foundation permission, if necessary, to make further enquiries
- certify that the above details and the documents submitted are truthful, accurate and complete

If applying for a pledge/advance withdrawal for home ownership purposes, they also confirm that they...

- have received the regulations and appendix of the J. Safra Sarasin Vested Benefits Foundation and have read the contents concerning the encouragement of the use of vested benefits for home ownership
- are aware that a processing fee (Home Ownership expenses CHF 300.-) is charged and debited directly from the vested benefits account

Place, date	Marital status	Telephone number	Signature of accountholder
_____	_____	_____	_____

For married persons and registered partners only

Place, date	Last name, first name of spouse/partner	Telephone number	Signature of spouse / partner
_____	_____	_____	_____

Only in case of death

Place, date	Last name, first name of heirs	Telephone number	Signature of heirs
_____	_____	_____	_____