



# J. Safra Sarasin

## Application to close the Pillar 3a account/the securities investment

Pillar 3a account no.

|                                       |          |              |
|---------------------------------------|----------|--------------|
| Last name                             |          | First name   |
| <hr/>                                 |          | <hr/>        |
| Residence for tax purposes:<br>Street | Postcode | Town/Country |
| <hr/>                                 | <hr/>    | <hr/>        |

| Sell  | Date<br>(Sell only Wednesdays, deadline orders on the eve of 5.00 p.m.) | Number of shares               | Total balance            |
|---|---|--------------------------------|--------------------------|
| <input type="checkbox"/> LPP Yield                            | <hr/>   | <input type="checkbox"/> <hr/> | <input type="checkbox"/> |
| <input type="checkbox"/> LPP Income                           | <hr/>   | <input type="checkbox"/> <hr/> | <input type="checkbox"/> |
| <input type="checkbox"/> LPP Growth                           | <hr/>   | <input type="checkbox"/> <hr/> | <input type="checkbox"/> |
| <input type="checkbox"/> LPP Future                           | <hr/>   | <input type="checkbox"/> <hr/> | <input type="checkbox"/> |
| <input type="checkbox"/> LPP Equities 80 – non-BVV2-compliant | <hr/>   | <input type="checkbox"/> <hr/> | <input type="checkbox"/> |
| <input type="checkbox"/> LPP Sustainability Income            | <hr/>   | <input type="checkbox"/> <hr/> | <input type="checkbox"/> |
| <input type="checkbox"/> LPP Sustainability                   | <hr/>   | <input type="checkbox"/> <hr/> | <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 Pillar 3a Foundation<sup>3</sup>**  
(please enclose confirmation and pay-in slip for the new pension fund/no partial transfer possible)
- ☐ **2. Purchase additional benefits in a pension fund<sup>3</sup>**  
(by part-transferal, pension fund-affirmation or pension fund-statement necessary)

Name and address of the new pension fund foundation

|                       |                |
|-----------------------|----------------|
| Bank/account number   | CHF amount     |
| <hr/>                 | <hr/>          |
| Ref. no./Contract no. | Postal account |
| <hr/>                 | <hr/>          |

☐ Enclosure: pay-in slip

<sup>3</sup> Actual signed copy of passport / ID of accountholder (front- and backside)



# J. Safra Sarasin

## ☐ 3. Early pay-out of the pillar 3a capital (no partial pay-out possible)

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

☐ Age limit reached<sup>1, 3, 4, 5, 6</sup> (OASI retirement age, max. 5 years before or after statutory OASI retirement age provided still in employment, but not later than 69/70)

☐ Leaving Switzerland permanently<sup>1, 2, 3, 4, 6</sup>

- 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 pillar 3a account

☐ Low amount<sup>1, 3, 4, 5, 6</sup> (less than annual contribution in Pillar 3a)

☐ Commencement of (a different type of) self-employment main occupation<sup>1, 2, 3, 4, 6</sup>

(payment can only be made within one year after commencement of self-employment!)

- Up-to-date disposition from the OASI and copy registration form OASI Equalisation Fund «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 pillar 3a account

☐ Disability<sup>1, 3, 4, 5, 6</sup> (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
- 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



# J. Safra Sarasin

## ☐ Advance withdrawal of pension benefits under the Swiss Federal Law on the Encouragement of the Use of Pension Assets for Home Ownership<sup>1, 3, 4, 5, 6</sup>

### ☐ 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 Pillar 3a 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

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Mortgage account no.

Payment required on

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

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<sup>1</sup> 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

<sup>3</sup> Actual signed copy of passport / ID of accountholder (front- and backside)

<sup>4</sup> Up-to-date confirmation of marital status (not more than 3 months old)

<sup>5</sup> For foreign payment, officially certified signature of the accountholder obligatory

<sup>6</sup> Officially submitted documents send with contact address, telephone number and e-mail



# J. Safra Sarasin

## 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 J. Safra Sarasin Pillar 3a 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 Pillar 3a Foundation and have read the contents concerning the «encouragement of the use of individual tied pension assets (Pillar 3a)» for home ownership
- have no possibility of repaying the advance withdrawal to the Pillar 3a and there is consequently no security provided by means of a note in the land register indicating a limitation on sale
- are aware that a processing fee (Home Ownership expenses CHF 300.-) is charged and debited directly from the J. Safra Sarasin Pillar 3a 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 |
|-------------|--------------------------------|------------------|--------------------|
| _____       | _____                          | _____            | _____              |