



Payment Order

Account/Deposit

Client/Portfolionumber

Payment instructions

Amount to be transferred

 Maximum authorised withdrawal

Currency

 CHF**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 retirement savings 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"> - Confirmation of departure from the local municipality - Copy of passport or ID with legible signature - Recent foreign resident certificate, no more than 3 months old - Confirmation of civil status 1) |
| <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"> - Written confirmation that gainful employment in Switzerland has ceased permanently - Confirmation of that work permit was surrendered or the cross-border working permit cancelled - Copy of passport or ID with legible signature - Confirmation of residence abroad, no more than 3 months old - Confirmation of civil status 1) |
| <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"> - Copy of a valid decision of the AHV/AVS Compensation Fund (no older than 1 year) - 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.) - Copy of passport or ID with legible signature - Confirmation of residence, no more than 3 months old - Confirmation of civil status 1) |
| <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"> - Copy of the current pension decision of the Federal Disability Insurance - Confirmation of residence, no more than 3 months old - Confirmation of civil status 1) |
| <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"> - Copy of passport or ID with legible signature - Confirmation of residence, no more than 3 months old - Confirmation of civil status 1) |
| <input type="checkbox"/> The Client is deceased. | <ul style="list-style-type: none"> - Copy of the official death certificate - Current extract from the civil status register - Copy of certificate of inheritance |

* 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

Authorisation to pay consulting fees

The Client hereby authorises the Foundation to pay a one-time fee of _____ % of the retirement savings account or CHF _____ by way of consulting fees to the following recipient:

Name _____

Street, N° _____

Postal code, place _____

Place, date _____

Client's signature _____

**Payment instructions** Transfer of cash

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

Bank

SWIFT

References

Currency

IBAN/Account number

CHF

Note on the costs

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.

Declaration

I hereby confirm that the above indications and the documentation produced are true and complete. I authorise LibertyGreen Foundation for 3a Retirement Savings (the "Foundation") to make additional investigations.

I hereby also instruct the Foundation to sell my securities investments. The proceeds of the sale are to be credited to my retirement savings 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 retirement savings 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.

Signature

Place, date

Signature of the Client/beneficiary

Confirmation of the spouse or registered partner (cash withdrawals)

Name

Vorname

Place, date

Signature of the spouse or registered partner

The consent of the spouse or registered partner is only required in the cases contemplated under Article 5 FZG/LFLP (moving abroad permanently, starting gainful self-employment). Cash payments to beneficiaries who are married or living in a registered partnership are only permitted if the spouse or registered partner consents in writing.

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)