

## Payment Order

**Retirement savings account**

Account number

**Payment instructions**

Amount to be transferred

Maximum authorised withdrawal

Currency

CHF  EURO  USD  GBP  AUD

Desired payment date

**Liberty Emigration Service**

Standard service (for emigrants), transactions with no consulting.

Premium service (for emigrants), transactions with consulting and/or express transfer within 10 business days.

**Client**

Name

First name

Street, N°

Postal code, place

Country

Civil status

**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

**Withdrawals**

You may withdraw your retirement savings in the following cases:

Reason for withdrawal

Documents to be produced

I am leaving Switzerland or Liechtenstein permanently.<sup>1</sup>

- Confirmation of departure from the local municipality
- Confirmation of residence abroad (no older than 6 months)
- Copy of passport or ID with legible signature

I am a cross-border worker and I am giving up my gainful employment in Switzerland or Liechtenstein permanently.<sup>1</sup>

- Written confirmation that gainful employment in Switzerland has ceased permanently
- Confirmation of return of work permit
- Confirmation of residence abroad (no older than 6 months)
- Copy of passport or ID with legible signature

I am newly self-employed and am no longer subject to compulsory occupational benefits coverage.<sup>1</sup>

- Copy of the current decision of the AVS Compensation Fund concerning main gainful occupation
- Copy of passport or ID with legible signature

I have been granted a full IV/AI disability pension and have no supplemental disability coverage.<sup>1</sup>

- Copy of the current pension decision of the Federal Disability Insurance

I am between 60 and 70 years old (men) or between 59 and 69 years old (women)<sup>2</sup>

- Copy of passport or ID with legible signature

The Client is deceased.

- Copy of the official death certificate
- Copy of the updated family record book

**For single persons**, a certificate of civil status must be produced.

<sup>1</sup>**For married persons**, a certified signature of the spouse or registered partner (Federal Law on Registered Civil Partnerships) is mandatory.

**For divorced persons or persons whose registered partnership has been dissolved by a court decision**, a copy of the divorce decree or the decision dissolving the partnership must be produced.

**For surviving spouses**, a copy of the updated family record book must be presented.

<sup>2</sup>Withdrawal of the retirement benefit can be deferred for a maximum of five years after the normal AHV/AVS retirement age if the Client can show that he continues to be gainfully employed.

## The independent pension platform

**Payment instructions**

- Transfer of funds
- Transfer of securities (delivery free of charge)

If possible, please attach a payment slip.

Post office account

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Bank

Account number/IBAN

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Clearing number/SWIFT

References

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**Declaration**

I hereby confirm that the above indications and the documentation produced are true and complete. I authorise Liberty 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 the cash payment cannot be authorised, the proceeds of sale are to remain on my retirement savings account failing any other instructions on my part.

**Signature**

Place, date

Client's signature

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

Name

First name

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Place, date

Signature of the spouse or registered partner

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The spouse's consent is only required in the cases contemplated in Article 5 LFLP/FZG (permanent move abroad, self-employment or small amount).

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

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

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

**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

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Street, N°

Postal code, place

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Place, date

Client's signature

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