

## Payment Order

<b>Vested benefit account</b>	Account number	
<b>Payment instructions</b>	Amount to be transferred	
	<input type="checkbox"/> Maximum authorised withdrawal	
	Currency	Desired payment date
	<input type="checkbox"/> CHF <input type="checkbox"/> EURO <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> AUD	
<b>Liberty Emigration Service</b>	<input type="checkbox"/> Standard service (for emigrants), transactions with no consulting.	<input type="checkbox"/> Premium service (for emigrants), transactions with consulting and/or express transfer within 10 business days.
<b>Client</b>	Name	First name
	Street, N°	Postal code, place
	Country	Civil status
<b>Beneficiary</b>	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
<b>Withdrawals</b>	You may withdraw your vested pension benefits in the following cases:	
	Reason for withdrawal	Documents to be produced
	<input type="checkbox"/> 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
	<input type="checkbox"/> 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
	<input type="checkbox"/> 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
	<input type="checkbox"/> 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
	<input type="checkbox"/> I am between 60 and 70 years old (men) or between 59 and 60 years old (women)	- Copy of passport or ID with legible signature
	<input type="checkbox"/> The Client is deceased.	- Copy of the official death certificate - Copy of the updated family record book
	<b>For single persons</b> , a certificate of civil status must be produced.	
	<sup>1</sup> <b>For married persons</b> , a certified signature of the spouse or registered partner (Federal Law on Registered Civil Partnerships) is mandatory.	
	<b>For divorced persons or persons whose registered partnership has been dissolved by a court decision</b> , a copy of the divorce decree or the decision dissolving the partnership must be produced.	
	<b>For surviving spouses</b> , a copy of the updated family record book must be presented.	

## 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

Bank

Account number/IBAN

Clearing number/SWIFT

References

### Purchases

- 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

These amounts may not be paid out before three years after the date of purchase. If a purchase was made, the corresponding benefits may not be withdrawn as a lump sum in the following three years. 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.

### Declaration

I hereby confirm that the above indications and the documentation produced are true and complete. I authorise Liberty Foundation for Vested Pension Benefits (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 vested benefit account until disbursement. If the cash payment cannot be authorised, the proceeds of sale are to remain on my vested benefit account failing any other instructions on my part.

### Signature

Place, date

Client's signature

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

Name

First name

Place, date

Signature of the spouse or registered partner

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

### 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 vested benefit assets or CHF \_\_\_\_\_ by way of consulting fees to the following recipient:

Name

Street, N°

Postal code, place

Place, date

Client's signature