

Confirmation concerning the Use of Vested Pension Benefits for the Encouragement of Home Ownership

Mortgage repayment

To be filled in by the lender or the bank and countersigned.

We hereby confirm to Liberty Foundation for Vested Pension Benefits that the funds from vested benefit account N° _____, in the name of _____, will be exclusively credited to mortgage account N° _____, with _____ Bank, in the name of _____ to repay the mortgage loan on the property used by the account holder as his main home and residence. The balance of mortgage debt currently outstanding is CHF _____.

Building/ Purchase

To be filled in by the creditor, e.g. bank, notary, seller, and countersigned.

We hereby confirm to Liberty Foundation for Vested Pension Benefits that the funds from vested benefit account N° _____, in the name of _____, will be exclusively applied to purchase or build a residential property for own use. The vested pension benefits should be transferred to account _____, _____ Bank, account holder _____. The Client does not have access to this account.

Renovations

To be filled in by the creditor or the bank (in the case of a building account) and countersigned.

We hereby confirm to Liberty Foundation for Vested Pension Benefits that the funds from vested benefit account N° _____, in the name of _____, will be exclusively applied to renovate the account holder's own residential property, increasing its asset value. The vested pension benefits should be transferred to account _____, _____ Bank, account holder _____. If the transferred amount is not fully used for the renovations, the balance will be transferred back to Liberty Foundation for Vested Pension Benefits.

Co-operative residential association or similar

To be filled in by the co-operative residential association, the residential rental share company or the not-for-profit residential property developer (hereafter, "the Company") and countersigned.

We hereby confirm to Liberty Foundation for Vested Pension Benefits that the funds from vested benefit account N° _____, in the name of _____, will be exclusively applied to purchase an interest in _____ (the Company). The vested pension benefits should be transferred to the Company's account _____, _____ Bank, account holder _____. The Client does not have access to this account.

Signature

Place, date

Company stamp

Binding signature(s)