

## Application for payment – reaching retirement age

**Note:**

It is possible to withdraw pension assets five years before reaching the OASI normal retirement age at the earliest.

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### Client

Client number

Plan number

First name

Surname

Marital status

Street, number

Postcode

Town

Date of birth

Social security number

Telephone number

E-mail

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### Documents to be submitted

- Copy of the Client's passport/ID (bearing a legible signature)

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### Tax domicile at the payment date

Domiciled in **Switzerland** Tax return will be submitted directly to the Federal Tax Administration by the Foundation  
Domiciled **abroad** Withholding tax will be deducted directly by the Foundation

**Foreign address** (For domicile abroad only)

Street, number

Postcode, town

Domicile/country

If the documents submitted cast doubt on the tax domicile, the Independent Pension Foundation 3a Zurich reserves the right to levy withholding tax on the payment.

**Transfer**

Payment can only be made to an account in the Client's name

Beneficiary

IBAN

Name of bank

I confirm that the information above is accurate and complete, as are the documents I have submitted. The pension account/securities account will be closed once the entire capital has been transferred. I permit the Independent Pension Foundation 3a Zurich to seek further clarification if necessary. At the same time, I issue the order to sell any securities investments up to the payment date. I acknowledge that the Independent Pension Foundation 3a Zurich must report the payment to the Federal Tax Administration or deduct withholding tax.

Place

Date

Signature of the Client

Please send the form to:

Sending address:

Sending address:

Use this cover sheet to forward the documents in a window envelope.