

Application for payment – invalidity (withdrawal of an entire invalidity pension)

Note:

The entire invalidity pension will be paid from invalidity insurance if the **degree of invalidity exceeds 70%**.

Client

Client number	Plan number
First name	Surname
Marital status	Street, number
Postcode	Town
Date of birth	Social security number
Telephone number	E-mail

Documents to be submitted

- Copy of the Client's passport/ID (bearing a legible signature)
- Copy of the current ruling from the Federal Invalidity Insurance Scheme (issued within the last 2 years) or current confirmation from the Federal Invalidity Insurance Scheme stating the degree of invalidity

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

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.