

## Application for payment – death of the Client

**Note:**

In the event of death, payment of the pillar 3a pension assets is not a benefit under inheritance law and is therefore not included in the estate. In the event of death, the 3a capital will be paid out in accordance with the Order of Beneficiaries regulated by law (Article 2 of Occupational Pension Ordinance (BVV/OPP) 3).

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### “Order of Beneficiaries” pension regulations

Group	Beneficiaries
1	The surviving spouse or the surviving registered partner.
2	The direct descendants and individuals who have received significant support from the Client or the person who cohabited with them continuously for the last five years preceding their death or is required to pay for the maintenance of one or more joint children.
3	The parents.
4	The siblings.
5	The other heirs.

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### Information about the deceased Client

<b>Client number</b>	<b>Plan number</b>
<b>First name</b>	<b>Surname</b>
<b>Marital status</b>	<b>Street, number</b>
<b>Postcode</b>	<b>Town</b>
<b>Date of birth</b>	<b>Social security number</b>

## Details about the beneficiary

If there are several beneficiaries, please complete a form for each beneficiary and submit them together.

First name	Surname
<hr/>	<hr/>
Date of birth	Street, number
<hr/>	<hr/>
Postcode	Town
<hr/>	<hr/>
Telephone number	E-mail
<hr/>	<hr/>

## Documents to be submitted

- Please submit your documents according to the checklist below (annex).

## Tax domicile of the beneficiary 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 beneficiary's name

Beneficiary	IBAN
<hr/>	<hr/>
Name of bank	Social security number
<hr/>	<hr/>

I confirm that the information above is accurate and complete, as are the documents I have submitted. 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 beneficiary
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Please send the form to:

## Annex – checklist of documents to be submitted

**N.B.:** Following a review of the documents submitted, further information may be requested depending on the situation.

### Group 1 according to the above table

- |                           |  |
|---------------------------|--|
| Spouse/registered partner | <ul style="list-style-type: none"> <li>• Medical death certificate <u>or</u> death certificate</li> <li>• Copy of the beneficiary's passport/ID (bearing a legible signature)</li> </ul> |
|---------------------------|--|

### Group 2 according to the above table

- |   |   |
|---|---|
| Direct descendant   | <ul style="list-style-type: none"> <li>• Medical death certificate <u>or</u> death certificate</li> <li>• List of heirs</li> <li>• Statement of the deceased's registered family status</li> <li>• Copy of the beneficiary's passport/ID (bearing a legible signature)</li> </ul>   |
| Supported individual  | <ul style="list-style-type: none"> <li>• Medical death certificate <u>or</u> death certificate</li> <li>• List of heirs</li> <li>• Statement of the deceased's registered family status</li> <li>• Detailed documentation/evidence of the support provided by the deceased (last 5 years)</li> <li>• Copy of the beneficiary's passport/ID (bearing a legible signature)</li> </ul>                                 |
| Life partner  | <ul style="list-style-type: none"> <li>• Medical death certificate <u>or</u> death certificate</li> <li>• List of heirs</li> <li>• Statement of the deceased's registered family status</li> <li>• Evidence of the deceased's residence (last 5 years)</li> <li>• Evidence of the life partner's residence (last 5 years)</li> <li>• Copy of the beneficiary's passport/ID (bearing a legible signature)</li> </ul> |
| Person who is responsible for the maintenance of one or more joint children | <ul style="list-style-type: none"> <li>• Medical death certificate <u>or</u> death certificate</li> <li>• List of heirs</li> <li>• Statement of the deceased's registered family status</li> <li>• Detailed documentation/evidence of maintenance</li> <li>• Copy of the beneficiary's passport/ID (bearing a legible signature)</li> </ul>   |

### Group 3 according to the above table

- |         |   |
|---------|---|
| Parents | <ul style="list-style-type: none"> <li>• Medical death certificate <u>or</u> death certificate</li> <li>• List of heirs</li> <li>• Statement of the deceased's registered family status</li> <li>• Copy of the beneficiary's passport/ID (bearing a legible signature)</li> </ul> |
|---------|---|

### Group 4 according to the above table

- |          |   |
|----------|---|
| Siblings | <ul style="list-style-type: none"> <li>• Medical death certificate <u>or</u> death certificate</li> <li>• List of heirs</li> <li>• Statement of the deceased's registered family status</li> <li>• Statement of the parents' registered family status</li> <li>• Copy of the beneficiary's passport/ID (bearing a legible signature)</li> </ul> |
|----------|---|

### Group 5 according to the above table

- |             |   |
|-------------|---|
| Other heirs | <ul style="list-style-type: none"> <li>• Medical death certificate <u>or</u> death certificate</li> <li>• List of heirs</li> <li>• Statement of the deceased's registered family status</li> <li>• Statement of the parents' registered family status</li> <li>• Copy of the beneficiary's passport/ID (bearing a legible signature)</li> </ul> |
|-------------|---|

Sending address:

Sending address:

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