

Application for payment – transfer to another pillar 3a pension foundation

Client

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

- Copy of the Client's passport/ID (bearing a legible signature)
- Confirmation or copy of the pension agreement with the new pillar 3a pension foundation

Transfer to the following pillar 3a pension foundation

Name of the pillar 3a pension foundation	IBAN

Name of bank	Reference

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.

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.