

## Application for payment – becoming self-employed

**Note:**

The payment can only be made within a year of becoming self-employed as your primary occupation. Payment may be made where the legal forms sole trader and partnership are used, but not limited company (GmbH) or public limited company (AG).

---

### 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 confirmation from the OASI compensation fund of registration as a self-employed person
- *If not married or living in a registered partnership:*  
Certificate of civil status/official confirmation of civil status (issued less than 1 month ago)  
or
- *People who are married or living in a registered partnership:*  
Copy of the spouse/registered partner's passport/ID (bearing a legible signature)

## Voluntary contributions to the pension fund

Have there been any voluntary contributions to the occupational pension scheme in the last 3 years?

Yes    Date of the last contribution

No    \_\_\_\_\_

If there have been contributions, the resulting benefits may not be withdrawn from the pension in the form of a lump sum (of whatever kind) within the next three years (blocked portion). The unblocked portion may in principle be withdrawn as a lump sum. However, current tax practice must be observed here. If a lump sum is withdrawn within three years of a voluntary contribution, deductibility of the contribution against income tax is not usually recognised. From the perspective of income tax, it may therefore be inadvisable to withdraw a lump sum within three years of making a voluntary contribution. We recommend clarifying the fiscal consequences of an advance withdrawal with the competent tax office in advance.

---

## 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 Vested Benefits Foundation Schwyz reserves the right to levy withholding tax on the payment.

---

## Declaration of primary occupation and mandatory occupational pension provision (BVG/OPA)

Engaged in primary occupation since: \_\_\_\_\_ Employment level in %: \_\_\_\_\_

OASI annual salary in CHF: \_\_\_\_\_

Engaged in secondary occupation since: \_\_\_\_\_

(payment is not possible)

I am currently enrolled in a 2nd pillar pension institution:

Yes    No

---

## 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 Vested Benefits Foundation Schwyz 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 Vested Benefits Foundation Schwyz must report the payment to the Federal Tax Administration or deduct withholding tax.

I confirm that I have become self-employed as my primary occupation and am no longer subject to the mandatory occupational benefits provision (BVG/OPA).

Place	Date	Signature of the Client
_____	_____	_____

Place	Date	Signature of spouse/registered partner
_____	_____	_____

**N.B.:**

If the amount paid out exceeds CHF 50,000, the signature of the spouse or registered partner must be certified by a notary. Please sign first in situ, e.g. at the offices of the notary or municipality.

**Certification of the signature of the spouse/registered partner by a notary or authenticating person:**

Place	Date	Stamp and signature of the notary/authenticating person
_____	_____	_____

Please send the form to:

Sending address:

Sending address:

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