

## 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
- 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)

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## Voluntary contributions to the pension fund

Have there been any voluntary of	contributions to the occupational pen	sion scheme in the last 3 years?		
Yes Date of the last con	tribution			
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If there have been contributions, the resulting benefits may not be withdrawn from the pension in the form of a lump sum (of whatever kind) within the next three years (blocked portion). The unblocked portion may in principle be withdrawn as a lump sum.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 If a lump sum is withdrawn within three years of a voluntary contribution, deductibility of the contribution against income tax is not usually recognised.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 paym	ent date			
Domiciled in Switzerland	Tax return will be submitted directly to the Federal Tax Administration by the Foundation			
Domiciled <b>abroad</b>	Withholding tax will be deducted d	irectly by the Foundation		
If the documents submitted cast to levy withholding tax on the party	•	pendent Vested Benefits Foundation Schwyz reserves the right		
 Transfer				
Payment can only be made to a	n 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.

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Place	Date	Signature of the Client		
Place	Date	Signature of spouse/registered partner		
N.B.: If the amount paid out exceeds CHE 50,000 t	ha signatura of the sn	ouse or registered partner must be certified by a notary.		
Please sign first in situ, e.g. at the offices of the	ne notary or municipal	ity.		
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:				

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

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