

## Application for payment – transfer to another vested benefits institution

**Note:**

Only a transfer of the entire capital is possible.

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### Client

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

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### Documents to be submitted

- Confirmation of the new vested benefits institution's bank details or QR payment slip

**Transfer to the following vested benefits institution**

<b>Name of the vested benefits institution</b>	<b>IBAN</b>
<b>Name of bank</b>	<b>Reference</b>

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.

<b>Place</b>	<b>Date</b>	<b>Signature of the Client</b>
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Please send the form to:

Sending address:

Sending address:

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