

Payment Order

Retirement savings account

Account number

Payment instructions

Amount to be transferred

Maximum authorised withdrawal

Currency

CHF EURO USD GBP AUD

Desired payment date

Liberty Emigration Service

Standard service (for emigrants), transactions with no consulting.

Premium service (for emigrants), transactions with consulting and/or express transfer within 10 business days.

Client

Name

First name

Street, N°

Postal code, place

Country

Civil status

Beneficiary

If the Client and the beneficiary are not one and the same person, the Client's authenticated signature will be required in addition to the following particulars:

Name

First name

Street, N°

Postal code, place

Country

Authenticated signature of the Client

Withdrawals

You may withdraw your retirement savings in the following cases:

Reason for withdrawal

Documents to be produced

I am leaving Switzerland or Liechtenstein permanently.¹

- Confirmation of departure from the local municipality
- Confirmation of residence abroad
- Copy of passport or ID with legible signature

I am a cross-border worker and I am giving up my gainful employment in Switzerland or Liechtenstein permanently.¹

- Written confirmation that gainful employment in Switzerland has ceased permanently
- Confirmation of return of work permit
- Confirmation of residence abroad
- Copy of passport or ID with legible signature

I am newly self-employed and am no longer subject to compulsory occupational benefits coverage.¹

- Copy of the current decision of the AVS Compensation Fund concerning main gainful occupation
- Copy of passport or ID with legible signature

I have been granted a full IV/AI disability pension and have no supplemental disability coverage.¹

- Copy of the current pension decision of the Federal Disability Insurance

I am between 60 and 70 years old (men) or between 59 and 69 years old (women).²

- Copy of passport or ID with legible signature

The Client is deceased.

- Copy of the official death certificate
- Copy of the updated family record book

For single persons, a certificate of civil status must be produced.

¹ **For married persons**, a certified signature of the spouse or registered partner (Federal Law on Registered Civil Partnerships) is mandatory.

For divorced persons or persons whose registered partnership has been dissolved by a court decision, a copy of the divorce decree or the decision dissolving the partnership must be produced.

For surviving spouses, a copy of the updated family record book must be presented.

² Withdrawal of the retirement benefit can be deferred for a maximum of five years after the normal AHV/AVS retirement age if the Client can show that he continues to be gainfully employed.

Payment instructions

- Transfer of funds
 Transfer of securities (delivery free of charge)

If possible, please attach a payment slip.

Post office account

Bank

Account number/IBAN

Clearing number/SWIFT

References

Declaration

I hereby confirm that the above indications and the documentation produced are true and complete. I authorise Liberty Foundation for 3a Retirement Savings (the "Foundation") to make additional investigations.

I hereby also instruct the Foundation to sell my securities investments. The proceeds of the sale are to be credited to my retirement savings account until disbursement. If the cash payment cannot be authorised, the proceeds of sale are to remain on my retirement savings account failing any other instructions on my part.

Signature

Place, date

Client's signature

Confirmation of the spouse or registered partner (cash withdrawals)

Name

First name

Place, date

Signature of the spouse or registered partner

The spouse's consent is only required in the cases contemplated in Article 5 LFLP/FZG (permanent move abroad, self-employment or small amount).

Authentication of spouse's or registered partner's signature

Authentication in Switzerland: Partner banks (with stamp, name and binding signatures), municipality, notary or attorney-at-law

Authentication abroad: Partner banks (with stamp, name and binding signatures), notary, attorney-at-law or consulate

Authorisation to pay consulting fees

The Client hereby authorises the Foundation to pay a one-time fee of _____ % of the retirement savings account or CHF _____ by way of consulting fees to the following recipient:

Name

Street, N°

Postal code, place

Place, date

Client's signature