

Pictet Vested Benefits Foundation (2nd Pillar)

Account-opening application

Please complete in capital letters and send the original form to: Pictet Vested Benefits Foundation (2nd Pillar) – Route des Acacias 60 – 1211 Geneva 73

Should you need any assistance, please do not hesitate to contact us: Tel.: 058/323.29.20 – E-mail: pension@pictet.com

Applicant

Please attach a legible copy of an officia	al identity docun	nen	t.	
🗆 Mrs 🛛 Mr				
Last name*:			First name(s)*:	
Date of birth*:			AVS No.*:	
Marital status:			Nationality*:	
Street + No.*:			Postal code/City*:	
Home/mobile tel.*:		Work tel.:		
E-mail address*:			Occupation:	
*Required fields				
Are you a "US-Person"?	5 🗆 No			
Correspondence				
Frequency of financial statements	Delivery			
□ Quarterly	□ by e-banking (attach a duly completed and signed "Conditions of use for e-banking services" form)			
□ Half-yearly				
□ Yearly	\Box by post			
Subscription to Pictet publications (by	e-mail)			
\Box Monthly report \Box Perspectiv	7es			
Vested Benefits				
Pension or vested-benefits institution w	hich will transfer	the	vested benefits amount:	
Name and address:				
Amount of transfer:			Date of transfer:	
Investment strategy				
LPP/BVG-Short-Term Money Market ESG: 9		%	Assets not invested:	%
LPP/BVG-SMT Bonds:		%	LPP/BVG-10 ESG:	%
LPP/BVG-25 ESG:		%	LPP/BVG-Multi-Asset Flexible:	%
IPP/VC-40 FSC: 9		%	LPP/BVG-60 FSG	%

Please attach a duly completed and signed Member Profile Questionnaire.

Entry fee

Entry fee rate: _____% (max. 3%)

The Applicant accepts that the intermediary may be paid the above-mentioned entry fee.

The entry fee will be calculated on any amount transferred from a vested benefits or occupational pension institution, other plans ensuring the constitution or maintenance of pension assets and, as allowed under law, of the Applicant. The entry fee will be deducted by the Pictet Vested Benefits Foundation (2nd Pillar) and paid to the intermediary.

The Pictet Vested Benefits Foundation (2nd Pillar) may also pay remunerations on the value of the Applicant's account.

The Applicant acknowledges that it is incumbent upon him/her to obtain any information about the nature, amount and method of calculation of these fees and remunerations exclusively from the intermediary.

Applicant's signature: ____

Advisor

Last name:	First name(s):
Company:	E-mail address:
Work tel.:	
Date:	Advisor's Signature:

The Applicant hereby requests the Foundation to open a vested benefits account in their name. The Applicant confirms that they have received and are aware of the Bylaws and the Regulations of the Foundation, that they are aware of the risks associated with subscribing to the investment portfolios and that they alone bear the risks related to market fluctuations. The Applicant is informed that the Foundation has the right to perform additional verifications if necessary and that it may decline the application to open an account.

Date:	Applicant's Signature:
Remember to attach:	Copy of an official identity document (mandatory)
	□ Conditions of use for e-banking services
	Member Profile Questionnaire (mandatory)