

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 official identity document.

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"? Yes No

If yes, please contact the Foundation.

Correspondence

Frequency of financial statements

- Quarterly
 Half-yearly
 Yearly

Delivery

- by e-banking (attach a duly completed and signed "Conditions of use for e-banking services" form)
 by post

Vested Benefits

Pension or vested-benefits institution which will transfer the vested benefits amount:

Name and address: _____

Amount of transfer
(minimum CHF 50'000.-): _____ Date of transfer: _____

Investment strategy

LPP/BVG-Short-Term Money Market ESG: _____ % Assets not invested: _____ %

LPP/BVG-SMT Bonds: _____ % LPP/BVG-10 ESG: _____ %

LPP/BVG-25 ESG: _____ % LPP/BVG-Multi-Asset Flexible: _____ %

LPP/BVG-40 ESG: _____ % LPP/BVG-60 ESG: _____ %

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)