

## Pictet Vested Benefits Foundation (2<sup>nd</sup> Pillar)

### Account closing or transfer form

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](mailto:pension@pictet.com)

Account no.: \_\_\_\_\_

**Account holder**      ☐ Mrs      ☐ Mr

Last name\*: \_\_\_\_\_ First name(s)\*: \_\_\_\_\_

Date of birth\*: \_\_\_\_\_ AVS no.\*: \_\_\_\_\_

Marital status\*: \_\_\_\_\_

Street and no.\*: \_\_\_\_\_ Postal code/City\*: \_\_\_\_\_

Home/mobile tel.\*: \_\_\_\_\_ Work tel.: \_\_\_\_\_

Email address\*: \_\_\_\_\_

#### *\*Required fields*

The account holder confirms that the above location is their tax domicile. If not, the account holder must indicate said domicile below.

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### PLEASE SUBMIT LEGIBLE COPIES OF ORIGINALS

☐ **Reached legal retirement age (the account may be closed at the earliest five years before and no later than five years after the legal retirement age is reached)**

- Civil status record dated within 90 days. The consent of the spouse or registered partner is required;
- The signature of the spouse or registered partner has to be authenticated by a notary, bank, local authority or our foundation.

☐ **Transferring to another vested benefits pension institution**

- New pension account agreement or certificate from the new vested benefits scheme.

☐ **Leaving Switzerland for good (subject to Article 25f LFLP)**

- Certificate from the cantonal authorities confirming that you have left Switzerland;
- Certificate of residence from foreign authorities, dated within 90 days;
- Civil status record dated within 90 days. The consent of the spouse or registered partner is required;
- The signature of the spouse or registered partner has to be authenticated by a notary, bank, local authority or our foundation.

☐ **Taking up self-employment (this request must be made within the first year of becoming self-employed)**

- Certificate of Old-Age and Survivor's Insurance (OASI);
- Written confirmation of full-time self-employment and non-affiliation with a pension scheme;
- Proof that you have become self-employed (registration in the trade register, business plan, rental or purchase of premises, equipment, etc.);
- Civil status record dated within 90 days. The consent of the spouse or registered partner is required;
- The signature of the spouse or registered partner has to be authenticated by a notary, bank, local authority or our foundation.

☐ **Divorce or dissolution of a registered partnership**

- Divorce settlement or deed of dissolution of the registered partnership.

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☐ **Death**

- Death certificate;
  - Certificate of inheritance;
  - Identity document of heirs;
  - Will (if there is one).
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☐ **Entitlement to full disability benefits (DI)**

- Decision of the Disability Insurance (DI) scheme;
  - Civil status record dated within 90 days. The consent of the spouse or registered partner is required;
  - The signature of the spouse or registered partner has to be authenticated by a notary, bank, local authority or our foundation.
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☐ **Amount of benefits is very small**

- Most recent pension account statement;
  - Civil status record dated within 90 days. The consent of the spouse or registered partner is required;
  - The signature of the spouse or registered partner has to be authenticated by a notary, bank, local authority or our foundation.
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**If you wish to use your pension capital to purchase residential property, please use the “Encouragement of home ownership” form.**

## Transfer instruction

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Account holder: \_\_\_\_\_

IBAN no.: \_\_\_\_\_

Account no.: \_\_\_\_\_

Reference/communications: \_\_\_\_\_

Amount: ☐ Total ☐ Partial: CHF \_\_\_\_\_

Date of withdrawal: \_\_\_\_\_

A partial payment is authorised only when buying into a pension institution, in the event of divorce or dissolution of the registered partnership.

Following the acceptance of my application by the Pictet Vested Benefits Foundation (2nd Pillar), I agree to the shares in my portfolio(s) being sold. A period of at least 4 working days is necessary to execute the transfer of funds.

I declare that the information provided above, together with any supporting documents enclosed herewith, are true and complete.

I hereby authorise the Pictet Vested Benefits Foundation (2nd pillar) to proceed with any additional verification required.

Date: \_\_\_\_\_ Signature of  
account holder: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of spouse/  
registered partner: \_\_\_\_\_

