

Pictet Individual Pension Foundation (3rd Pillar A) Top-up payment request

Account no.*: _____

Please complete in capital letters and send the original form to:
Pictet Individual Pension Foundation (3rd Pillar A) – Route des Acacias 60 – 1211 Geneva 73

Should you need assistance, please do not hesitate to contact us:
Tel.: 058/323.29.60 – E-mail: pension@pictet.com

ACCOUNT HOLDER

☐ Mrs ☐ Mr

Last name(s)*: _____ First name(s)*: _____

AVS no.*: _____ Date of birth*: _____

Street + no.*: _____ Postal code/City*: _____

Home/mobile tel.*: _____ Work tel.: _____

E-mail address*: _____

**Required fields*

REQUESTED TOP-UP PAYMENTS

Year of top-up payment
(possible from 2025)

Top-up amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total top-up amount:

Has the maximum deductible amount already been contributed
in the year for which the top-up payment is to be made?

☐ Yes ☐ No

If yes, please attach the corresponding contribution certificates.

Has income subject to Swiss social security (AVS) contributions
been earned during the years for which a contribution gap needs to be closed?

☐ Yes ☐ No

Have top-up payments been made before?

☐ Yes ☐ No

If yes, for which year(s)? _____

Have retirement benefits under Article 3 para. 1 of the Ordinance on Occupational,
Old-age, Survivors' and Disability Insurance (OPP3) already been received?

☐ Yes ☐ No



The Account Holder requests the Foundation to proceed with a top-up payment based on the above. If the Account Holder has contributed less than the maximum deductible amount for a person affiliated with a pension fund during the year for which a contribution gap needs to be closed, they must provide proof of the contribution made. If all conditions are met, the Foundation will authorise the total top-up amount and notify the Account Holder by post. The Foundation does not guarantee the tax deductibility of the amounts paid.

The Account Holder confirms that all the information provided and documents attached are accurate and complete. The Account Holder is informed that the Foundation reserves the right to carry out additional verifications if necessary and may decline the top-up payment request or the top-up amount requested.

Date: (dd/mm/yyyy) _____

Signature of the Account Holder: _____

