

## Request for capital disbursement

Disbursement is subject to tax.

### Pension fund member

Last name	_____	First name	_____
Street/Nr.	_____	Postcode/City	_____
Telephone	_____	Country	_____
Date of birth	_____	Marital status	_____
Social security number	_____	IBAN/Account Nr.	_____

**Desired disbursement date** max. 3 months in the future \_\_\_\_\_

**Disbursement reason** indicating the documents to be submitted<sup>1</sup>

- Reaching ordinary pension age** or up to five years earlier
  - Copy of a valid ID of the pension fund member and the spouse/registered partner
- Leaving Switzerland permanently**

Pension fund members who are still compulsory members of the state pension scheme for old age and disability when they leave for an EU or EFTA country can only obtain the extra-mandatory part. The payout authorisation for the mandatory part must be clarified by the pension fund member with the BVG security fund in Berne ([www.sfbvg.ch](http://www.sfbvg.ch)).

  - Deregistration confirmation from the Swiss resident's registration office
  - If the deregistration date is over three months old, a copy of the domicile confirmation of the current domicile is also required (not older than three months)
  - Copy of a valid ID of the pension fund member and the spouse/registered partner
- Commencement of self-employment as the main occupation** disbursement only within one year after commencement
  - Current confirmation of the AHV compensation fund or the accident insurance
  - Copy of a valid ID of the pension fund member and the spouse/registered partner
  - Membership in a pension scheme of Pillar 2  Yes  No
  - Main occupation since: \_\_\_\_\_
- Disability** degree of disability at least 70%
  - Current disposal of the Swiss disability insurance (not older than two years) or current pension calculation indicating the degree of disability.
  - Copy of a valid ID of the pension fund member and the spouse/registered partner
- Permanent cessation of employment in Switzerland by cross-border workers**
  - Confirmation of the cancelled cross-border work permit
  - Copy of the current confirmation of residence
  - Copy of a valid ID of the pension fund member and the spouse/registered partner
- Insignificance** Vested benefits credit balance is less than an annual contribution of the employee to the last pension scheme
  - If insured with a pension fund, confirmation from the current pension fund that a buy-in is not possible
  - Confirmation from the former pension fund that the criterion of insignificance applies
  - Copy of a valid ID of the pension fund member and the spouse/registered partner

<sup>1</sup> Zürcher Kantonalbank's vested benefits foundation reserves the right to request further documents and evidence.

Only to be completed by the vested benefits foundation of Zürcher Kantonalbank

DEP  Yes  No

### Tax domicile on the disbursement date

- Domicile in Switzerland tax notification by the Foundation directly to the Swiss tax administration
- Domicile abroad withholding tax is deducted directly by the Foundation

Should doubts persist regarding the tax domicile based on the documents submitted, the vested benefits foundation of Zürcher Kantonalbank reserves the right to deduct withholding tax upon disbursement.

### Residential address abroad if different from personal details

Street/Nr. \_\_\_\_\_ Postcode/City \_\_\_\_\_  
Telephone \_\_\_\_\_ Country \_\_\_\_\_  
Effective date \_\_\_\_\_

### Transfer account in the name of the pension fund member

Account number or IBAN \_\_\_\_\_  
Account holder \_\_\_\_\_  
Address of the beneficiary \_\_\_\_\_  
(Street, Postcode, City, Country) \_\_\_\_\_  
Bank name or bank clearing number \_\_\_\_\_

### Security positions and insurance policies

The disbursement request contains the order to the vested benefits foundation of Zürcher Kantonalbank to sell any security positions in the course of processing this order. If the securities are to be sold immediately, please submit a separate order.

### Signatures

The disbursement reasons can only be claimed with the written consent of the spouse or the registered partner.

The pension fund member confirms that no buy-ins into a pension fund of the 2nd pillar took place in the past three years prior to disbursement.

\_\_\_\_\_  
Place, date \_\_\_\_\_ Signature of pension fund member

\_\_\_\_\_  
Place, date \_\_\_\_\_ Signature of the spouse/registered partner

### Zürcher Kantonalbank Signature(s) checked by relationship manager or signed in their presence

\_\_\_\_\_  
Place, date \_\_\_\_\_ Signature of relationship manager

### Send to:

Freizügigkeitsstiftung of Zürcher Kantonalbank, P.O. Box, 8010 Zurich