

Request for capital disbursement

Disbursement is subject to tax.

Pillar 3 savings
account no.

Pension fund member

Family Name	<hr/>	First Name	<hr/>
Street/No	<hr/>	Postcode/City	<hr/>
Telephone	<hr/>	Country	<hr/>
Date of birth	<hr/>	Marital status	<hr/>
AHV no.	756. <hr/>		

Desired disbursement date max. 3 months in the future

Disbursement reason indicating the documents to be submitted¹

- Reaching reference age** or up to five years earlier
- Disability** Recipient of a full disability pension (degree of disability at least 70%)
 - Disposal of the Swiss disability insurance (not older than two years) or current pension calculation indicating the degree of disability
- Commencement of self-employment as the main occupation² or commencement of a fundamentally different self-employment³ in Switzerland** disbursement only within one year after commencement
 - Current confirmation of the AHV compensation fund about the self-employment^{2/3}
 - Confirmation of the AHV compensation fund for previous self-employment³
 - Certified copy of a valid ID of the spouse/registered partner
 - Membership in a pension scheme of Pillar 2: Yes No
 - Main occupation since:

- Leaving Switzerland permanently**
 - Deregistration confirmation from the Swiss residents 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)
 - Certified copy of a valid ID of the spouse/registered partner

¹ The Pillar 3 pension foundation of Zürcher Kantonalbank reserves the right to request further documents and evidence.

Tax domicile on the disbursement datet

- 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 Pillar 3 pension foundation of Zürcher Kantonalbank reserves the right to deduct withholding tax upon disbursement.

Residential address abroad if different from personal details

Street/No _____ Postcode/City _____
Telephone _____ Country _____
Effective date _____

Transfer account in the name of the pension fund member

Account number or IBAN _____
Account holder _____
Bank name or bank clearing number _____

For transfers to a foreign bank please enclose detailed payment instructions. The transfer will be made in Swiss francs (CHF).

Security positions and insurance policies

The disbursement request contains the order to the Pillar 3 pension 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 securities order. An insurance policy associated with the Pillar 3 account will be automatically terminated upon account closure.

Signatures

The disbursement reasons "Commencement of self-employment as the main occupation or commencement of a fundamentally different self-employment in Switzerland" and "Leaving Switzerland permanently" can only be claimed with the written consent of the spouse or the registered partner.

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:

Vorsorgestiftung Sparen 3 der Zürcher Kantonalbank, Postfach, 8010 Zürich