must be submitted as an original

Payment Order

Account/Deposit	Client/Portfolionumber				
Payment instructions	Amount to be transferred Maximum authorised withdrawal				
	Currency	AUD CAD			
Client	Name	First na	me		
	Street, N°	Postal c	ode, place		
	Country	Civil sta	atus	Date of birth	
	E-mail	Phone			
Beneficiary	If the Client and the beneficiary are not one and the same person, the Client's authenticated signature will be required in addition to the following particulars:				
	Name	First na	me		
	Street, N'	Postal o	ode, place		
	Country	Authen	Authenticated signature of the Client/beneficiary		
Authentication of the clients signature/ beneficiary	Authentication in Switzerland: municipality, Authentication abroad: notary, attorney-at-la				

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Withdrawals

Reason for withdrawal		Documents to be produced	
	I am leaving Switzerland or Liechtenstein permanently, or already live outside these two countries. *	 Confirmation of departure from the local municipality Copy of passport or ID with legible signature Recent foreign resident certificate, no more than 3 months old Confirmation of civil status 1) 	
	l am a cross-border worker and I am giving up my gainful employment in Switzerland or Liechtenstein permanently.	 Written confirmation that gainful employment in Switzerland has ceased permanently Confirmation of that work permit was surrendered or the cross-border working permit cancelled Copy of passport or ID with legible signature Confirmation of residence abroad, no more than 3 months old Confirmation of civil status 1) 	
	I am starting my own business in Switzer- land (self-employment) and am no longer subject to mandatory pension coverage in Switzerland.	 Copy of a valid decision of the AHV/AVS Compensation Fund (no older than 1 year) Documents evidencing self-employment as a main occupation (business plan, lease agreement for business premises, employment contracts for employees, customer invoices, advertising materials, website, etc.) Copy of passport or ID with legible signature Confirmation of residence, no more than 3 months old Confirmation of civil status 1) 	
	The vested termination benefit is less than the member's annual contribution (negliglibility).	- Last personal pension certificate 2)	
	I have been granted a full IV/AI disability pension and have no supplemental disability coverage.	 Copy of the current pension decision of the Federal Disability Insurance Confirmation of residence, no more than three months old Confirmation of civil status 1) 	
	Reaching the reference age (at the earliest 5 years before, at the latest 5 years after). Only possible with residence in Switzerland.	 Copy of passport or ID with legible signature Confirmation of residence, no more than 3 months old Confirmation of civil status 1) 	
	The Client is deceased.	 Copy of the official death certificate Current extract from the civil status register Copy of certificate of inheritance 	

* Condition: Residence permit has not been maintained.

1) Persons who are single must present an up-to-date certificate of civil status no more than 3 months' old.

- 1) **Persons who are married or bound by a registered partnership** must have the spouse's or partner's consent (officially certified signature)
- 1) **Persons who are divorced or whose registered partnership has been judicially dissolved** must present a copy of the divorce decree or decision dissolving the registered partnership, together with an up-to-date certificate of civil status no more than 3 months' old.
- 1) Widows/widowers must present a valid certificate of civil status, no more than 3 months' old
- 2) Married persons must provide their spouse's written consent. If the vested termination benefits exceeds CHF 20,000, the signature must be certified.

must be submitted as an original

Purchases

 \square No purchases of occupational benefits were made in the last three years.

 $\hfill\square$ In the last three years, the following purchases of occupational benefits were made:

(please attach the relevant certificates from your pension fund)

Date of purchase	Amount in CHF	
Date of purchase	Amount in CHF	
Date of purchase	Amount in CHF	

If a purchase was made, the benefits deriving from that purchase may not be withdrawn as a lump sum in the following three years. In its decision of 12 March 2010 (BGE 2C-658/2009), the Federal Supreme Court ruled that, for tax purposes, the three-year freeze applies to the entire retirement savings capital and not just to the benefits deriving from the purchase. If the account holder nonetheless decides to make a withdrawal in the three years following a purchase, he/she should expect significant tax consequences.

Authorisation to pay consulting fees

he Client hereby authorises the Foundation to pay a one-time fee of% of the vested benefit assets r CHF by way of consulting fees to the following recipient:		
Name		
Street, N°	Postal code, place	
Place, date	Client signature	

must be submitted as an original

	Bank				
	SWIFT References				
	Currency	IBAN/Account number			
	Foreign cu	Irrencies			
	Image: Sale of foreign currency against CHF Image: Transfer in original currency				
	\Box Transfer of securities. (If possible. Securities which cannot be transferred will be sold.)				
	Bank				
	Bank contact	point and email address	Deposit number		
About fees		for a payment, fees may be incurred. Our fees are transparent and are set out e on our website.			
Declaration	I hereby confirm that the above indications and the documentation produced are true and complete. I hereby authorise Lealta Foundation for Vested Benefits (the "Foundation") to make any necessary further investigations and, in the event of a permanent departure from Switzerland or Liechtenstein, to contact the competent authorities to inquire about the status of my resident permit or permanent resident permit. I hereby also instruct the Foundation to sell my securities investments. The proceeds of the sale are to be credited to my vested benefit account until disbursement. If a cash payment is denied, or if I subsequently withdraw my application for one, the proceeds of the sale will remain on my vested benefits account save my written instructions to the contrary. My order to reinvest the funds or withdrawing this application must be issued in writing; no other form is binding on the Foundation.				
Signature	Place, date		Signature of the Client/beneficiary		
onfirmation the spouse	Name		First name		
or registered oartner (cash withdrawals)	Place, date		Signature of the spouse or registered partner		
	The consent of the spouse or registered partner must in any event be provided.				