LIBERTY
The independent pension platform

Liberty Foundation for vested pension benefits

Cash Intermediary/Consultant

Directions

1 Fill in forms

2 Sign forms

3 Copy passport or ID

4 Send

5 Confirmation

An attractive vested benefit solution in a few easy steps with Liberty Foundation for Vested Pension Benefits ("Foundation"):

1

To ensure that the account can be opened and your funds transferred and invested smoothly and punctually, please fill in the following forms:

- **Application to open an account** and affiliation sheet. A maximum of 1 vested benefits account can be opened.
- **Transfer order**, for the transfer of a termination payment or vested benefit from a 2nd pillar occupational benefit institution.
- **Application form for Liberty Connect**, if desired.

2

For the account opening and transfer to be valid, all the above-listed forms must be received duly signed.
Please list the attached documents sent on the final sheet.

3

Always attach a copy of your passport or ID (showing the photo and a legible signature).

4

Please send the complete documentation to:

info@liberty.ch or

Liberty Vorsorge
Steinbislin 19
Postfach 733
6431 Schwyz

5

The Foundation will send the Client an account opening confirmation within a few days. The transfer order, duly signed and completed by the Client, will be forwarded to the Client's previous pension fund, vested benefits institution or insurance company with the corresponding payment slip and confirmation. As soon as the funds are received, the Foundation will issue a confirmation of receipt to the account-holder. If a securities solution has been agreed, the pension assets will be invested in accordance with the client's instructions.

The Foundation has no influence on the time it takes to transfer the funds. Any inquiries should be addressed directly to your pension institution, vested benefit foundation, bank, insurance company or consultant.

We remain at your disposal for any further assistance and information.

Liberty Vorsorge
+41 58 733 03 22
info@liberty.ch

Application to Open an Account with Liberty Foundation for Vested Pension Benefits

Client particulars

* mandatory field

Title * ❑ Mr ❑ Mrs/Ms

Title ❑ Dr. ❑ Prof. ❑ Prof. Dr.

Name *

First name *

Street, N° *

Postal code, place, country *

Nationality

Phone

Date of birth *

Insurance number (AVS) *

Civil status/date of marriage *

Email address *

Transfer Instructions

❑ With regard to the account opening application form and in accordance with the attached transfer order, I hereby instruct the Foundation to collect my pension assets and any securities held with my prior 2nd pillar pension institutions. In absence of a transfer order, a payment slip will be enclosed with the account opening confirmation.

Liberty Connect

☒ I would like online access to my pension relationship(s) and enclose my application for Liberty Connect.

Newsletter

❑ Yes, I would like to subscribe to the Newsletter.

Intermediary/ Consultant

Company name

Phone

Name

First name

Street, N°

Postal code, place, country

Consulting fees for account solution

The intermediation fee of _____ % or CHF _____ (max. 2%) is charged once on each deposited amount. The intermediation fee covers the intermediary/consultant's costs of business initiation and guidance to the account-holder. For account solutions, the subscription fee is limited to a period of 12 months.

Fees shall be charged by the Foundation to the member's account in accordance with the Fee Schedule.

Correspondence instructions

❑ Hold, do not send

❑ send by email * ❑ Client ❑ Intermediary/Consultant ❑ Client with copy to Intermediary/Consultant

❑ send by post * ❑ Client ❑ Intermediary/Consultant ❑ Client with copy to Intermediary/Consultant

* Choose between email and post.

❑ Client's address for correspondence (if different):

c/o Name/Company

First name/Contact

Street, N°

Postal code, place, country

Client visa

Affiliation sheet

Client

Client/Portfolionumber

Name | First name

Confirmation

I hereby confirm that all the information provided by me is true and accurate and request the opening of the desired account/deposit. I further confirm that I have read and understood the Regulations and General Terms and Conditions of the Foundation and that I accept their contents. **The currently valid Foundation Regulations and General Terms and Conditions are published on the liberty.ch homepage under the heading "Foundation Regulations/General Terms and Conditions".**

Data exchange/ Authority to provide information

I hereby release the Foundation and its representatives from all confidentiality obligations under Swiss law or any other applicable law which may prohibit the disclosure of such information (e.g. Article 62 FADP) and agree that the Foundation may share certain personal data of mine in accordance with the Privacy Policy. In particular, the data will be disclosed to provide the Foundation's products and services requested by me, but also for marketing purposes. I hereby authorise the Foundation and agree that it may also disclose my personal data to foreign recipients (e-mail communication, data centers) as part of the above-mentioned data disclosures. **The currently valid Privacy Policy is published on the liberty.ch homepage under the heading "Privacy Policy".**

Signature

Place, date | Client signature

Attachments

- ❑ Copy of passport or ID (with photo and legible signature) *
- ❑ Transfer order
- ❑ Application form for Liberty Connect

* **mandatory document**

Intermediary/ Consultant

(to be filled in only by the intermediary/consultant)

The intermediary/consultant hereby confirms that the information provided by the client is complete and accurate.

Name, first name | Agency

Place, date | Intermediary/Consultant signature

Transfer order/authorisation for existing 2nd pillar pension plan

Sender (Principal/ Client)

Name | First name

Street, Nº | Postal code, place

2nd pillar pension plan

Name and address of existing pension plan/vested benefit institution/insurance company | Date of departure

Transfer order

I hereby instruct the above-mentioned pension plan, vested benefits institution or insurance company to transfer the vested termination benefit to my vested benefit account with Liberty Foundation for Vested Pension Benefits in accordance with the attached payment slip.

❑ total amount CHF ____________________ (optional)

❑ partial amount CHF ____________________ (not possible for vested benefit accounts or policies)

Please handle any securities as follows (please attach current securities deposit statement):

❑ sell and transfer proceeds of sale in accordance with the payment slip

❑ transfer the securities in accordance with the attached delivery instructions and pay the balance in accordance with the payment slip

As reference, please indicate the Client’s name and first name and his insurance number.

2nd pillar pension plan

Name and address of existing pension plan/vested benefit institution/insurance company | Date of departure

Transfer order

I hereby instruct the above-mentioned pension plan, vested benefits institution or insurance company to transfer the vested termination benefit to my vested benefit account with Liberty Foundation for Vested Pension Benefits in accordance with the attached payment slip.

❑ total amount CHF ____________________ (optional)

❑ partial amount CHF ____________________ (not possible for vested benefit accounts or policies)

Please handle any securities as follows (please attach current securities deposit statement):

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As reference, please indicate the Client’s name and first name and his insurance number.

2nd pillar pension plan

Name and address of existing pension plan/vested benefit institution/insurance company | Date of departure

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❑ partial amount CHF ____________________ (not possible for vested benefit accounts or policies)

Please handle any securities as follows (please attach current securities deposit statement):

❑ sell and transfer proceeds of sale in accordance with the payment slip

❑ transfer the securities in accordance with the attached delivery instructions and pay the balance in accordance with the payment slip

As reference, please indicate the Client’s name and first name and his insurance number.

Signature

Place, date | Client signature

Attachments

- Foundation payment slip
- Delivery instructions (for the transfer of securities to the Foundation)
- Current statement of Client’s security deposit (for securities transfers)

Confirmation from the new Foundation

We hereby confirm that the Client’s account with Liberty Foundation for Vested Pension Benefits is a vested benefits account in accordance with Article 82 BVG/LPP and Article 19(1) and (2) of the Vesting Law.

Liberty Foundation for Vested Pension Benefits, Schwyz

Signature

Signature of Foundation

LIBERTY

The independent pension platform

Connect

Application for Liberty Connect

Client

Client number	Insurance number (AVS)
Name *	First name *
Street, No *	Postal code, place, country *
Date of birth *	Mobile number *
Email address *	

* mandatory fields

Means of authorisation

The user name and password for Liberty Connect will be sent by post.

Account and deposit authorisation

I agree that all my existing and future accounts/deposits relating to my individual pension relationships with one or if applicable, several pension institution/s, as the case may be (hereinafter "Foundation/s"), which provide Liberty Connect, are automatically activated in Liberty Connect. This consent shall also automatically apply to any future pension relationships with foundations that are not yet active or existing. **Note:** The contractual partner of Liberty Connect is in each case the Foundation with which a corresponding pension relationship has been established for the activated account/deposit account.

Declaration

I hereby declare that the provided information is true and accurate, and I request access to Liberty Connect. I confirm that upon receipt of the provided access information, I will view and accept my cash and securities balances including all transactions online. In addition, I agree that with immediate effect all documents and messages (including year-end statements and tax certificates) will be sent to me solely via Liberty Connect. Furthermore, I confirm that I have read the Terms and Conditions for Liberty Connect and accept them in their entirety as an integral part of the contractual agreement. **The currently valid Terms and Conditions for Liberty Connect are published on the liberty.ch homepage under the heading "Foundation Regulations/General Terms and Conditions".**

Signature

Place, date	Client signature

This application should be returned to us by email or in hard-copy to the address below.