

## Transfer order/authorisation for existing 2<sup>nd</sup> pillar pension plan

**Sender  
(Principal/  
Client)**

Name First name  
 Street, N° Postal code, place

**2<sup>nd</sup> 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.

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**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 and Article 19(1) and (2) of the Vesting Law.

Liberty Foundation for Vested Pension Benefits, Schwyz

**Signature**

Signature of Foundation