

Application for payment – transfer to another vested benefits institution

Note:

Only a transfer of the entire capital is possible.

Client

Client number	Plan number
First name	Surname
Marital status	Street, number
Postcode	Town
Date of birth	Social security number
Telephone number	E-mail

Documents to be submitted

- Confirmation of the new vested benefits institution's bank details or QR payment slip

Transfer to the following vested benefits institution

Name of the vested benefits institution	IBAN
Name of bank	Reference

I confirm that the information above is accurate and complete, as are the documents I have submitted. The pension account/securities account will be closed once the entire capital has been transferred. I permit the Independent Vested Benefits Foundation Schwyz to seek further clarification if necessary. I also instruct them to sell any securities holdings at the next possible sale date.

Place	Date	Signature of the Client
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Please send the form to:

Sending address:

Sending address:

Use this cover sheet to forward the documents in a window envelope.