

Application for payment – death of the Client

Note:

In the event of death, vested benefits are not a benefit under inheritance law and are therefore not included in the estate. In the event of death, vested benefits will be paid out in accordance with the Order of Beneficiaries as governed in the regulations.

“Order of Beneficiaries” pension regulations

Group	Beneficiaries
1	The survivors according to Art. 19 (surviving spouse), Art. 19a (surviving registered partner) and Art. 20 (children entitled to an orphan’s pension) of the Occupational Pensions Act (BVG/OPA).
2	Other individuals who have received significant support from the Client or the person who cohabited with them continuously for the last five years preceding their death or is required to pay for the maintenance of one or more joint children.
3	The children of the deceased who do not meet the requirements of Art. 20 of the Occupational Pensions Act (BVG/OPA).
4	The parents.
5	The siblings.
6	The other legal heirs, to the exclusion of the community.

Information about the deceased Client

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

Details about the beneficiary

If there are several beneficiaries, please complete a form for each beneficiary and submit them together.

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

Documents to be submitted

- Please submit your documents according to the checklist below (annex).

Tax domicile of the beneficiary at the payment date

Domiciled in **Switzerland** Tax return will be submitted directly to the Federal Tax Administration by the Foundation

Domiciled in **abroad** Withholding tax will be deducted directly by the Foundation

If the documents submitted cast doubt on the tax domicile, the Independent Vested Benefits Foundation Schwyz reserves the right to levy withholding tax on the payment.

Transfer

Payment can only be made to an account in the beneficiary's name

Beneficiary	IBAN
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Name of bank
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I confirm that the information above is accurate and complete, as are the documents I have submitted. I permit the Independent Vested Benefits Foundation Schwyz to seek further clarification if necessary. At the same time, I issue the order to sell any securities investments up to the payment date. I acknowledge that the Independent Vested Benefits Foundation Schwyz must report the payment to the Federal Tax Administration or deduct withholding tax.

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

Annex – checklist of documents to be submitted

N.B.: Following a review of the documents submitted, further information may be requested depending on the situation.

Group 1 according to the above table

Spouse/registered partner	<ul style="list-style-type: none"> • Medical death certificate <u>or</u> death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • Copy of the beneficiary's passport/ID (bearing a legible signature)
Children under 18/25 years (entitled to an orphan's pension)	<ul style="list-style-type: none"> • Medical death certificate <u>or</u> death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • If children are between 18 and 25 years old: training certificate <u>or</u> proof of orphan's pension • Copy of the beneficiary's passport/ID (bearing a legible signature)

Group 2 according to the above table

Supported individual	<ul style="list-style-type: none"> • Medical death certificate <u>or</u> death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • Statement of the deceased's registered family status • Detailed documentation/evidence of the support provided by the deceased (last 5 years) • Copy of the beneficiary's passport/ID (bearing a legible signature)
Life partner	<ul style="list-style-type: none"> • Medical death certificate <u>or</u> death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • Statement of the deceased's registered family status • Evidence of the deceased's residence (last 5 years) • Evidence of the life partner's residence (last 5 years) • Copy of the beneficiary's passport/ID (bearing a legible signature)
Person who is responsible for the maintenance of one or more joint children	<ul style="list-style-type: none"> • Medical death certificate <u>or</u> death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • Statement of the deceased's registered family status • Detailed documentation/evidence of maintenance • Copy of the beneficiary's passport/ID (bearing a legible signature)

Group 3 according to the above table

Children under 18/25 years (not entitled to an orphan's pension)	<ul style="list-style-type: none"> • Medical death certificate <u>or</u> death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • Statement of the deceased's registered family status • Copy of the beneficiary's passport/ID (bearing a legible signature)
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Group 4 according to the above table

Parents	<ul style="list-style-type: none"> • Medical death certificate <u>or</u> death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • Statement of the deceased's registered family status • Copy of the beneficiary's passport/ID (bearing a legible signature)
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Group 5 according to the above table

Siblings	<ul style="list-style-type: none"> • Medical death certificate <u>or</u> death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • Statement of the deceased's registered family status • Statement of the parents' registered family status • Copy of the beneficiary's passport/ID (bearing a legible signature)
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Group 6 according to the above table

Other heirs	<ul style="list-style-type: none"> • Death certificate • List of heirs <u>and</u> any divorce decrees relating to the deceased • Statement of the deceased's registered family status • Statement of the parents' registered family status • Copy of the beneficiary's passport/ID (bearing a legible signature)
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Sending address:

Sending address:

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