HBL
Freizügigkeitsstiftung

HBL Vested Benefits Foundation
PO Box | 5600 Lenzburg
+41 62 885 16 17 | info@hbl-vorsorge.ch
www.hbl-vorsorge.ch

Application for payment following the receipt of a full disability pension

Please complete this form in full to withdraw funds from your vested benefits account (VBA) and submit it, signed, together with the required documents.

1. Details of the insured person

IBAN of VBA		Date of birth	
First names		Street / No.	
Surname		Postcode / Town	
AHV number		Email	
Marital status		Telephone no.	

2. Payment details

Payments will be made exclusively to an account held in the name of the pension scheme member.

IBAN	
Bank / Financial institution	
Account holder	

3. Required documents (please enclose)

- ☐ Copy of the current pension decision from the Federal Disability Insurance (IV)
- ☐ Current proof of residence, not older than 3 months
- ☐ Copy of a valid official identity document (passport or ID card)

I confirm that the above details and the documents submitted are correct and complete. I authorise the HBL Vested Benefits Foundation ('the Foundation') to carry out further enquiries if necessary. I acknowledge that the 30-day payout period begins once all the required documents have been received by the Foundation. By submitting this application, I am also instructing the Foundation to sell my securities portfolio. The proceeds of the sale are to be credited to my vested benefits account until the payout is made. In the event that the payout cannot be authorised or I subsequently withdraw this application, the proceeds from the sale shall remain in my vested benefits account, unless I provide a written instruction to the contrary. Any instruction to reinvest or to withdraw this application must be given in writing; instructions in any other form shall not be binding on the Foundation.

4. Declaration and signature of the pension beneficiary

I confirm that the information I have provided is complete and true. I am aware of the tax implications of the payout.

Place / Date _____ Signature _____

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Please send us the payout application together with all the required supporting documents to the following address:

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Postfach
5600 Lenzburg