

Application for payment of the death benefit



Please complete this form in full, sign it and submit it together with the required documents.

1. Details of the deceased insured person

IBAN VB account		Date of birth	
First names		Street / No.	
Surname		Postcode / Town	
AHV number		Marital status	

2. Applicant

☐ Mr ☐ Mrs

First names		Postcode / Town / Country	
Surname		Date of birth	
Street / No.		Marital status	
Relationship to the pension scheme member			

The applicant is applying to the HBL Vested Benefits Foundation for the payment of the death benefit in accordance with Article 11 of the Vested Benefits Regulations. A separate form must be submitted for each beneficiary.

3. Please enclose copies of the following documents (if not already submitted)

- ☐ Copy of the death certificate
- ☐ Copy of the official list of heirs
- ☐ Copy of the certificate showing the deceased person's registered marital status
- ☐ Copy (complete, including blank pages) of the family register, if available
- ☐ Copy of the applicant's passport or ID card

The HBL Vested Benefits Foundation is entitled to carry out further checks and request additional documents.

4. Payment details

The payment amount is to be transferred to the following bank or post office account held by the beneficiary.

IBAN	
Bank / Institution / Location	
Account holder:	

5. Confirmation and signature of the applicant

The HBL Vested Benefits Foundation is unable to determine whether there are any beneficiaries within the meaning of Article 11 of the 'Vested Benefits Regulations' and whether there is one or more persons

- who have been substantially supported by the pension scheme member;
- who have lived with the pension scheme member in a continuous domestic partnership for the five years prior to their death (life partner);
- who are responsible for the maintenance of one or more joint children.

The applicant undertakes to indemnify the HBL Vested Benefits Foundation in full should it at a later date be required to make payments to further beneficiaries who, in accordance with the order of priority set out in Article 11 of the 'Vested Benefits Regulations' take precedence over the applicant. In such a case, several beneficiaries shall be jointly and severally liable to the HBL Vested Benefits Foundation. The applicant acknowledges that, upon payment, all claims against the HBL Vested Benefits Foundation shall lapse and the capital shall become subject to taxation. Where the pension capital is invested in securities, the relevant claims/shares shall be sold as soon as the HBL Vested Benefits Foundation has been informed of the death by means of a civil status document.

Place / Date _____

Signature _____

Please send us this form together with all the required supporting documents to the following address:

HBL Freizügigkeitsstiftung
Postfach
5600 Lenzburg