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 on the grounds of marginal employment

To withdraw funds from your vested benefits account (VBA), please complete this form in full, sign it and submit it 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)

☐ Latest personal pension statement from the pension fund
☐ Copy of a valid official identity document (passport or ID card)
☐ Proof of marital status:

- For married persons or those in a registered partnership, the written consent of the spouse or registered partner is required.
- If the amount exceeds CHF 20,000, a notarised signature from the spouse or registered partner is required.

I confirm that the above information and the documents submitted are correct and complete. I authorise the HBL Vested Benefits Foundation ('the Foundation') to carry out further checks if necessary. I acknowledge that the 30-day payout period begins once all the necessary 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.

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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 _____

Official certification of the above signature:

_____
Certifications in Switzerland: local authority, notary (with stamp, name and legally valid signature)

5. Declaration and signature of spouse/registered partner

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

Signature of spouse
or registered partner _____

Official certification of the above signature:

_____
Certifications in Switzerland: local authority, notary (with stamp, name and legally valid signature)

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

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Postfach
5600 Lenzburg