HBL
3a Vorsorgestiftung

HBL 3a Pension Foundation
PO Box | 5600 Lenzburg
+41 62 885 16 17 | info@hbl-vorsorge.ch
www.hbl-vorsorge.ch

Application for payment upon starting self-employment

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

1. Details of the insured person

IBAN of pension account		Date of birth	
First name(s)		Street / No.	
Surname		Postcode / Town	
AHV Number		Email	
Civil status		Telephone no.	

2. Payment details

Payment will only be made to an account held in the name of the pension account holder.

IBAN	
Bank / Financial institution	
Account holder:	

3. Required documents (please enclose)

- ☐ Confirmation from the OASI compensation office regarding the commencement of self-employment as the main occupation
- ☐ Proof of self-employment (e.g. current invoices or contracts)
- ☐ Copy of a valid official identity document (passport or ID card)
- ☐ Current extract from the Commercial Register (if available / if registered)
- ☐ Proof of civil status:

  – Unmarried or widowed persons must submit a current certificate of civil status, issued within the last 3 months
  – Married persons or persons in a registered partnership must provide an officially certified signature of their spouse or registered partner.
  – Divorced persons or persons whose registered partnership has been dissolved by court order must submit a copy of the divorce judgment or the court order dissolving the registered partnership, together with a current certificate of civil status issued within the last 3 months.

I confirm that the above information and the documents submitted are correct and complete. I authorise HBL 3a Pension Foundation (the "Foundation") to carry out any further investigations deemed necessary. I acknowledge that the 30-day payment period begins once all required documents have been received by the Foundation. By submitting this application, I also instruct the Foundation to sell my investment portfolio. The proceeds from the sale shall be credited to my pension account until payment is made. If the payment cannot be approved or if I subsequently withdraw this application, the proceeds from the sale shall remain in my pension account unless I provide different written instructions. Any instruction to reinvest the proceeds or to withdraw this application must be submitted in writing. Other forms of instruction shall not be binding on the Foundation.

HBL
3a Vorsorgestiftung

HBL 3a Pension Foundation
PO Box | 5600 Lenzburg
+41 62 885 16 17 | info@hbl-vorsorge.ch
www.hbl-vorsorge.ch

4. Declaration and signature of the pension account holder

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

Place / Date _____ Signature _____

Official certification of the above signature:

_____
Certifications in Switzerland: Municipality, 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 accurate. 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: Municipality, notary (with stamp, name and legally valid signature)

Please send us the application for payment together with all required documents to the following address:

HBL 3a Vorsorgestiftung
Postfach
5600 Lenzburg