

Application form for making a top-up payment to Pillar 3a



Please complete this form in full and submit it with your handwritten signature. Please do not pay the transfer amount until you have received our written approval, and only using the QR payment slip provided by us.

1. Details of the insured person

Surname	
First name	
IBAN of pension account	
Date of birth	
Desired year of purchase*	

***Only for contribution years within the last 10 years; first applicable from 2025. Please complete a separate application form for each desired top-up payment year.**

2. Confirmations from the pension scheme holder

- ☐ I have not yet drawn down any funds as a retirement benefit (from the age of 60) from Pillar 3a.
- ☐ I earned income subject to AHV contributions in the desired top-up payment year.
- ☐ I confirm that I have not yet made any top-up contributions for the selected contribution year.
- ☐ I confirm to pay the full standard Pillar 3a contribution for the current year.

3. Details of the desired purchase year

Total regular Pillar 3a contribution paid in the desired purchase year	CHF	
of which paid to the HBL 3a Pension Foundation ("Foundation")	CHF	
of which with other Pillar 3a institutions (bank/insurance company)	CHF	
Total top-up payment requested	CHF	

The maximum possible annual top-up in 2025/2026 is capped at CHF 7,258 for all employees covered by the BVG (Pillar 2). For all individuals not covered by the BVG, the maximum top-up is 20 per cent of income subject to AHV contributions, but never more than CHF 7,258.

4. Application, approval, payment instructions and signature

I confirm that the information I have provided is correct and complete, and I authorise the Foundation to carry out further checks where necessary and, if required, to request supporting documents from me.

I apply to the Foundation for the acceptance of the purchase specified in this form in accordance with Articles 7a and 7b of BVV 3. The competent tax authority shall decide on the definitive tax deductibility.

The top-up payment may only be made following approval and exclusively using the QR payment slip provided by the Foundation by mid-December of the current year.

Place / Date _____

Signature _____

Please send the completed and signed application form to:

HBL 3a Vorsorgestiftung
Postfach
5600 Lenzburg