

Application for withdrawal following relocation abroad



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.	
New address abroad (town, country)			

2. Payment details

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

IBAN	
Bank / Institution	
Account holder	

3. Required documents (please enclose)

- ☐ Official confirmation of deregistration from the last municipality of residence in Switzerland
- ☐ Official certification of signature(s)
- ☐ Confirmation of residence in the new country of residence (or equivalent proof)
- ☐ Copy of a valid official identity document (passport or ID card)
- ☐ Bank/account confirmation for the specified IBAN (if required)
- ☐ Proof of marital status:

- Single or widowed persons must submit a current certificate of marital status, issued no more than 3 months ago.
- For married persons or those in a registered partnership, an officially certified signature from the spouse or registered partner is mandatory.
- For divorced persons or those whose registered partnership has been dissolved by a court, a copy of the divorce decree or the order dissolving the registered partnership, as well as a current certificate of marital status not older than 3 months, must be submitted.

I confirm that the above information and the documents submitted are accurate and complete. I authorise the HBL Vested Benefits Foundation ('the Foundation') to carry out further enquiries if necessary. I acknowledge that the 30-day payment 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 payment 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 _____

Official certification of the above signature:

Certifications in Switzerland: local authority, notary (with stamp, name and legally valid signature)
Certifications abroad: notary, solicitor or embassy (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)
Certifications abroad: notary, solicitor or embassy (with stamp, name and legally valid signature)

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

HBL Freizügigkeitsstiftung
Postfach
5600 Lenzburg