

Application for payment upon receiving a full Invalidity pension



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)

- ☐ Copy of the current pension decision from the Swiss Federal Disability Insurance (DI)
- ☐ Current proof of residence, not older than 3 months
- ☐ Copy of a valid official identity document (passport or ID card)

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.

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 _____

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

HBL 3a Vorsorgestiftung
Postfach
5600 Lenzburg