

Request for capital disbursement

Disbursement is subject to tax.

Pension fund member		
Family Name	First Name	
Street/No	Postcode/City	
Telephone	Country	
Date of birth	Marital status	
Social security no. 756	IBAN/Account no	
Desired disbursement date max. 3 months in the future		
Disbursement reason indicating the documents to be submitted	J ¹	
 □ Reaching ordinary pension age or up to five years earlier □ Disability degree of disability at least 70% − Current disposal of the Swiss disability insurance (not older the of disability 	an two years) or current pension calculation indicating the degree	
□ Commencement of self-employment as the main occupation or Switzerland disbursement only within one year after commenced — Current confirmation of the AHV compensation fund — Disposal of the AHV compensation fund for previous self-emp — Certified copy of a valid ID of the spouse/registered partner — Membership in a pension scheme of Pillar 2 — Main occupation since:	ment Ioyment □ Yes □ No	
 □ Leaving Switzerland permanently − Deregistration confirmation from the Swiss residents registration office − If the deregistration date is over three months old, a copy of the domicile confirmation of the current domicile is also required (not older than three months) − Certified copy of a valid ID of the spouse/registered partner 		
¹ The Pillar 3 pension foundation of Zürcher Kantonalbank reserves the right to request further documents and evidence.		
Only to be completed by the Pillar 3 pension foundation of Zürcher Kantonalbank DEP		

lax domicile on the dispursement datet	
☐ Domicile in Switzerland tax notification by the Foundation direc	tly to the Swiss tax administration
$\hfill\square$ Domicile abroad withholding tax is deducted directly by the Fourier property of the property of t	ındation
Should doubts persist regarding the tax domicile based on the do Zürcher Kantonalbank reserves the right to deduct withholding to	•
Residential address abroad if different from personal details	
Street/No	Postcode/City
Telephone	Country
Effective date	
Transfer account in the name of the pension fund member	
Account number or IBAN	
Account holder	
Address of the beneficiary	
(Street, Postcode, City, Country)	
Bank name or bank clearing number	
Security positions and insurance policies The disbursement request contains the order to the Pillar 3 pension in the course of processing this order. If the securities are to be sol An insurance policy associated with the Pillar 3 account will be aut Signatures The disbursement reasons "Commencement of self-employment as	tomatically terminated upon account closure.
different self-employment in Switzerland" and "Leaving Switzerlar the spouse or the registered partner.	nd permanently" can only be claimed with the written consent of
Place, Date	Signature of pension fund member
Place, Date	Signature of the spouse/registered partner
Zürcher Kantonalbank Signature(s) checked by relationship man	nager or signed in their presence
Place, Date	Signature of relationship manager
Send to:	

Vorsorgestiftung Sparen 3 der Zürcher Kantonalbank, Postfach, 8010 Zürich