

Request for capital disbursement

Disbursement is subject to tax.

Pillar 3 savings
account no.

Pension fund member

Family Name	<hr/>	First Name	<hr/>
Street/No	<hr/>	Postcode/City	<hr/>
Telephone	<hr/>	Country	<hr/>
Date of birth	<hr/>	Marital status	<hr/>
AHV no.	756. <hr/>		

Desired disbursement date max. 3 months in the future

Disbursement reason indicating the documents to be submitted¹

- Reaching reference age** or up to five years earlier
- Disability** Recipient of a full disability pension (degree of disability at least 70%)
 - Disposal of the Swiss disability insurance (not older than two years) or current pension calculation indicating the degree of disability
- Commencement of self-employment as the main occupation² or commencement of a fundamentally different self-employment³ in Switzerland** disbursement only within one year after commencement
 - Current confirmation of the AHV compensation fund about the self-employment^{2/3}
 - Confirmation of the AHV compensation fund for previous self-employment³
 - Certified copy of a valid ID of the spouse/registered partner
 - Membership in a pension scheme of Pillar 2: Yes No
 - Main occupation since:

- 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.

Tax domicile on the disbursement datet

- Domicile in Switzerland tax notification by the Foundation directly to the Swiss tax administration
- Domicile abroad withholding tax is deducted directly by the Foundation

Should doubts persist regarding the tax domicile based on the documents submitted, the Pillar 3 pension foundation of Zürcher Kantonalbank reserves the right to deduct withholding tax upon disbursement.

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	_____
Bank name or bank clearing number	_____

For transfers to a foreign bank please enclose detailed payment instructions. The transfer will be made in Swiss francs (CHF).

Security positions and insurance policies

The disbursement request contains the order to the Pillar 3 pension foundation of Zürcher Kantonalbank to sell any security positions in the course of processing this order. If the securities are to be sold immediately, please submit a separate securities order. An insurance policy associated with the Pillar 3 account will be automatically terminated upon account closure.

Signatures

The disbursement reasons "Commencement of self-employment as the main occupation or commencement of a fundamentally different self-employment in Switzerland" and "Leaving Switzerland permanently" can only be claimed with the written consent of the spouse or the registered partner.

_____	_____
Place, Date	Signature of pension fund member

_____	_____
Place, Date	Signature of the spouse/registered partner

Zürcher Kantonalbank Signature(s) checked by relationship manager or signed in their presence

_____	_____
Place, Date	Signature of relationship manager

Send to:

Vorsorgestiftung Sparen 3 der Zürcher Kantonalbank, Postfach, 8010 Zürich