

Rendita Freizügigkeitsstiftung Rendita Fondation de libre passage Rendita Fondazione di libero passaggio Rendita Vested Benefits Foundation

P.O. Box 4701 8401 Winterthur

Phone +41 (0)800 710 722 UID CHE-109.989.637 www.rendita-stiftungen.ch

## Application to Withdraw the Lump Sum Payable on Death

Vested benefits account number(s):	
Insured person	
Mr. Ms.	Social security number:
Last name:	First name:
Street/No.:	Postcode/Town/Country:
Date of birth (dd/mm/yyyy):	Civil status:
Applicant	
Mr. Ms.	Relationship to the insured person:
Last name:	First name:
Street/No.:	Postcode/Town/Country:
Date of birth (dd/mm/yyyy):	Civil status:
	ulations. The applicant requests that Rendita Vested Benefits Foundar' of the regulations. Each beneficiary must submit a separate form.
Please enclose copies of the following documents (if not	already submitted)
- Copy of death certificate	•
- Copy of official list of heirs (statutory line of succession)	
- Copy of proof of the deceased person's registered marital sta	ntus
<ul> <li>Copy of divorce decree if insured person was divorced or thei partnership lasted at least 10 years</li> </ul>	r partnership was dissolved by decree, provided the marriage/
- Copy of applicant's passport/ID	
The Foundation reserves the right to conduct further inquiries at	nd request additional documents.
Payment order	
The amount due must be transferred to the following bank or po	ostal account of the eligible claimant:
IBAN/Account no.:	Account holder:
Name of bank:	Bank location:



The Vested Benefits Foundation cannot establish whether eligible persons as defined in article 7 of the regulations exist for the vested benefits account and whether one or more persons exist who

- received support from the insured person to a significant degree;
- shared a household with the insured person without interruption during the last five years up to the insured person's death (civil partner);
- are responsible for supporting one or more joint children.

The applicant hereby undertakes to indemnify the Vested Benefits Foundation in full if the latter is obliged at a later date to pay benefits to other eligible claimants who, in accordance with the provisions of article 7 of the regulations, take precedent over the applicant. In such a case, several eligible claimants are jointly and severally liable vis-à-vis the Vested Benefits Foundation.

The applicant is aware that the payment precludes any further claims against the Vested Benefits Foundation and that the capital is subject to tax.

If the vested benefits capital is invested in securities, the corresponding holdings/units will be sold as soon as the Foundation has been notified of the insured person's death through submission of an official document from a registry of births, marriages and deaths.

Place/Date:	Signature of applicant:
	X .

## General note

Vested benefits capital does not form part of a deceased's estate.



Rendita Freizügigkeitsstiftung Rendita Fondation de libre passage Rendita Fondazione di libero passaggio Rendita Vested Benefits Foundation

P.O. Box 4701 8401 Winterthur

Phone +41 (0)800 710 722 UID CHE-109.989.637 www.rendita-stiftungen.ch

## Application to Withdraw the Lump Sum Payable on Death

Vested benefits account number(s):	
Insured person	
Mr. Ms.	Social security number:
Last name:	First name:
Street/No.:	Postcode/Town/Country:
Date of birth (dd/mm/yyyy):	Civil status:
Applicant	
Mr. Ms.	Relationship to the insured person:
Last name:	First name:
Street/No.:	Postcode/Town/Country:
Date of birth (dd/mm/yyyy):	Civil status:
This form constitutes a part of the vested benefits account regulation pay out the lump sum on death in accordance with article 7 of	
Please enclose copies of the following documents (if not alre	ady submitted)
- Copy of death certificate	
- Copy of official list of heirs (statutory line of succession)	
- Copy of proof of the deceased person's registered marital status	
<ul> <li>Copy of divorce decree if insured person was divorced or their pa partnership lasted at least 10 years</li> </ul>	rtnership was dissolved by decree, provided the marriage/
<ul> <li>Copy of applicant's passport/ID</li> </ul>	
The Foundation reserves the right to conduct further inquiries and r	request additional documents.
Payment order	
The amount due must be transferred to the following bank or posta	al account of the eligible claimant:
IBAN/Account no.:	Account holder:
Name of bank:	Bank location:



The Vested Benefits Foundation cannot establish whether eligible persons as defined in article 7 of the regulations exist for the vested benefits account and whether one or more persons exist who

- received support from the insured person to a significant degree;
- shared a household with the insured person without interruption during the last five years up to the insured person's death (civil partner);
- are responsible for supporting one or more joint children.

The applicant hereby undertakes to indemnify the Vested Benefits Foundation in full if the latter is obliged at a later date to pay benefits to other eligible claimants who, in accordance with the provisions of article 7 of the regulations, take precedent over the applicant. In such a case, several eligible claimants are jointly and severally liable vis-à-vis the Vested Benefits Foundation.

The applicant is aware that the payment precludes any further claims against the Vested Benefits Foundation and that the capital is subject to tax.

If the vested benefits capital is invested in securities, the corresponding holdings/units will be sold as soon as the Foundation has been notified of the insured person's death through submission of an official document from a registry of births, marriages and deaths.

Place/Date:	Signature of applicant:
	X

## General note

Vested benefits capital does not form part of a deceased's estate.