

## Application to open a vested benefits account

Please use block capitals. All references to persons apply to both genders.

### Customer/Account holder

☐ Mr ☐ Ms AHV no./social security number \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Street, no. \_\_\_\_\_ Postcode \_\_\_\_\_ Location \_\_\_\_\_

Marital status \_\_\_\_\_ Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Language of correspondence ☐ G ☐ F ☐ I ☐ E Telephone \_\_\_\_\_

I am already a PostFinance customer: Account number \_\_\_\_\_

### Previous employee benefits institution (pension fund/vested benefits foundation)

Title/name \_\_\_\_\_

Telephone number \_\_\_\_\_

### Signature of pension fund member

#### Financial Services Act

Information on the implementation of the Financial Services Act (including PostFinance's licence and the contact details of the supervisory authority and the ombudsman conciliation office) is available at [postfinance.ch/finsa](http://postfinance.ch/finsa).

#### Foundation regulations

The account holder instructs the foundation to invest his vested benefits assets with PostFinance and authorizes the foundation to exchange all the necessary data with PostFinance Ltd for the purposes of account management and support. The account holder confirms that he has taken due note of the enclosed regulations. In signing this application form, he acknowledges that the contents of the regulations are binding. The account holder acknowledges that a fee of CHF 9.00 per calendar quarter will be charged for the management of the vested benefits account.

#### Sales restriction

Individuals deemed to be US persons (US citizens, persons domiciled in the US or who are required to pay taxes in the US) may only open a vested benefits account if they are Swiss residents.

#### Identification

If you have not yet confirmed your identity to PostFinance, please take this application and a valid official identification document (passport, identity card) to a post office or a PostFinance branch to complete the identification process.

Location \_\_\_\_\_

Date \_\_\_\_\_

Signature of pension fund member \_\_\_\_\_

### Please send:

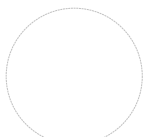
**1st page:** to PostFinance Ltd, Scan Center, 3002 Berne.

(Please enclose a copy of your previous final statement if possible.)

**2nd page:** to your previous employee benefits institution (pension fund/vested benefits foundation).

(In doing so, you are instructing the latter to transfer your vested benefits. The vested benefits account will not be opened until your vested benefits have been transferred from your previous employee benefits institution and credited to account 46-7846-0 / IBAN CH14 0900 0000 4600 7846 0 in the name of the Rendita Vested Benefits Foundation.)

#### To be completed by PostFinance

_____	Concluding office	_____	_____	
Customer master number		Locality code	Staff number	Date stamp



Rendita, cooperation partner of



## Instructions to the previous employee benefits institution

### Instructions to the previous employee benefits institution (pension fund/vested benefits foundation)

I hereby instruct you to transfer my vested benefits assets to the Rendita Vested Benefits Foundation postal account specified below.

**Postal account 46-7846-0/IBAN CH14 0900 0000 4600 7846 0**

in the name of the Rendita Vested Benefits Foundation

Payment instructions to the previous employee benefits institution: Please make sure that you indicate the AHV no. / social security number of the account holder concerned in the "Account number of the end beneficiary" field.

### Customer/Account holder

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	AHV no./social security number _____	
Last name _____		First name _____	
Street, no. _____		Postcode _____	Location _____
Marital status _____		Date of birth _____	
Nationality _____			
Language of correspondence		<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> E	Telephone _____
I am already a PostFinance customer: Account number _____			

### Previous employee benefits institution (pension fund/vested benefits foundation)

Title/name	_____
Telephone number	_____

### Deposits and signature (to be completed by the previous employee benefits institution)

<b>Total amount</b>	CHF	_____
Of which LOB assets	CHF	_____
Of which pledged for home ownership	CHF	_____
Of which assets at the time of marriage or registration of partnership	CHF	_____
Of which assets at age 50	CHF	_____

If a copy of the vested benefits statement is enclosed, this information is not required.

Location _____	Stamp and signature previous employee benefits institution _____
Date _____	

### Signature of pension fund member

The account holder confirms that he has taken due note of the enclosed regulations. In signing this application form, he acknowledges that the contents of the regulations are binding.

Location _____	
Date _____	Signature of pension fund member _____

### Please send:

This second page must be sent immediately to your previous employee benefits institution (pension fund/vested benefits foundation). In doing so, you are instructing the latter to transfer your vested benefits. The vested benefits account will not be opened until your vested benefits have been transferred from your previous employee benefits institution to the above-mentioned postal account in the name of the Rendita Vested Benefits Foundation.

