

Application to close / continue a vested benefits account

Cantonal Bank

- | | |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> AI | <input type="checkbox"/> SG |
| <input type="checkbox"/> NE | <input type="checkbox"/> SH |
| <input type="checkbox"/> TI | <input type="checkbox"/> SZ |
| <input type="checkbox"/> GR | <input type="checkbox"/> TG |
| <input type="checkbox"/> GL | <input type="checkbox"/> UR |
| <input type="checkbox"/> BL | |

*Vested benefits account no.:

Holder of the vested benefits account

*Last name:

*First name:

*Date of birth:

*Address:

*Postcode / city:

*Country:

*Marital status:

*Phone no.:

*Social security number (AHV, 13 digits):

Type of transfer or disbursement (please check where applicable if the vested benefits are to be transferred to an employee benefit institution or vested benefit provider)

a) Transfer to an employee benefit institution

Name and address of the employee benefit institution:

Name and address of the employer:

I would want only a partial amount of CHF _____, and there of CHF _____ from the LOB share,

to be transferred to the above-mentioned employee benefit institution.

Bank (name, address):

IBAN no.:

Contract no.:

b) Transfer to a vested benefit provider

Name and address of the vested benefit provider:

Bank (name, address):

IBAN no.:

New vested benefits account no.:

c) Early disbursement of the vested benefits (no partial disbursement possible)

Bank (name, address):

IBAN no.:

in the name of:

Disbursement is only possible into an account in Switzerland.

(SWIFT / BIC-Code):

Details concerning the holder of the disbursement account:

Last name:

First name:

Date of birth:

Address:

Postcode / city / country:

Reason for disbursement:

- Final departure from Switzerland / Liechtenstein (please enclose: confirmation of deregistration from Switzerland / Liechtenstein and confirmation (no more than 3 months old) of new domicile abroad)

In case of departure to a country belonging to the EU or to EFTA, the LOB old-age savings may only be disbursed if the holder of the vested benefits account is not subject to social insurance obligations in that country (please enclose: confirmation of exemption by application form of the Guarantee Fund*).

- Please check here if only the extra-mandatory part of the vested benefits is to be paid.

- Insignificance: The vested benefits amount to less than an annual contribution that was paid before opening the vested benefits account (please enclose: insurance certificate from the last employee benefit institution).

- Starting self-employment (full-time) in Switzerland / Liechtenstein (please enclose: current confirmation (no more than 3 months old) from the AHV Compensation Office).

- Termination of employment in Switzerland / Liechtenstein as a cross-border commuter.

The LOB old-age savings can only be disbursed if the cross-border commuter is not subject to social insurance obligations in the country of domicile (please enclose: confirmation of exemption by application form of the Guarantee Fund*).

* to be provided by the holder of the vested benefits account

Address: LOB Guarantee Fund, Eigerplatz 2, CH-3000 Bern, phone no. +41 (0)31 380 79 71, www.verbindungsstelle.ch

d) Disbursement of the retirement benefits

- Reaching the age limit (ordinary AHV retirement age, no more than 5 years in advance).

- Recipient of a full disability pension (please enclose: current confirmation of pension entitlement from the Federal Disability Insurance Authority)

Bank (name, address):

IBAN no.: _____ in the name of: _____

Disbursement is only possible into an account in Switzerland.

(SWIFT/BIC-Code): _____

Details concerning the holder of the disbursement account:

Last name: _____ First name: _____ Date of birth: _____

Address: _____ Postcode / city / country: _____

e) Continuation of the vested benefits account

The signatory hereby declares that s/he wishes to continue the above-mentioned account in accordance with Article 5 paragraph 2 of the regulations of the Swisscanto Vested Benefits Foundation as follows:

- 5 years until (date): _____ (max. 5 years)

The account may be closed at any time during the period requested for the continuation of the account.

Disbursement

Disbursement is not requested before (date) _____

The signatory confirms the accuracy and completeness of the information provided above. S/he is aware that the transfer or disbursement of the vested benefits will extinguish all claims against the Swisscanto Vested Benefits Foundation.

The tax authorities may regard any disbursement as a tax avoidance measure if the holder of the vested benefits account has made capital contributions to his/her pension fund within the last three years prior to this disbursement. The tax authority does generally not accept such capital contributions as being tax-deductible. As a consequence, the holder of the vested benefits account may be committed by the tax authority to make a subsequent payment of taxes. We advise you to contact the responsible authority in advance.

By signature, the holder of the vested benefits account confirms the existence of one of the above-mentioned reasons for disbursement. S/he thereby also confirms that an occupational benefit scheme is no longer mandatory for her (except for early disbursement due to "insignificance").

Signature of the holder of the vested benefits account

Place, date

signature of the holder of the vested benefits account

Official confirmation of the signature of the holder of the vested benefits account in the original (required if the account for disbursement is not in the name of the holder of the vested benefits account):

In case the holder of a vested benefits account is unmarried, an original civil status certificate (Zivilstandsbeurkundung) is a mandatory requirement (no more than 3 months old).

Mandatory enclosure: copy of ID or passport.

Place, date

signature of the spouse or registered partner

Official confirmation of the signature of the spouse or registered partner in the original (mandatory for every early disbursement and for every disbursement of the retirement benefits):

In case the holder of a vested benefits account is married, a copy of the wedding certificate, respectively, a copy of the certificate of civil union and a copy of ID or passport of the partner are mandatory enclosures.

Please return all 3 pages of this form to Swisscanto Freizügigkeitsstiftung der Kantonalbanken, Geschäftsstelle, St. Alban-Anlage 26, Postfach 3855, CH-4002 Basel, Switzerland.