

Payment Order – Transfer to a Swiss Pension Institution

Account/Deposit	Client/Portfolionumber	Amount to be transferred	Desired transfer date
Client particulars	Name	First name	
	Street, N°	Postal code, place	
	Country	Civil status	Date of birth
Transfer to a new pension plan	Name of employer (if applicable)	Contract/account number	
	Name of pension plan		
	Street, N°	Postal code, place	
Payment instructions	Please enclose a payment slip or an account opening or acceptance confirmation from your new benefits institution.		
	Post office account		
	Bank	Account number/IBAN	
	Clearing number	References	
Declaration	I hereby confirm that the above indications and the documentation produced are true and complete. I authorise Liberty Foundation for Vested Pension Benefits (the "Foundation") to make additional investigations.		
	I hereby also instruct the Foundation to sell my securities investments. The proceeds of the sale are to be credited to my vested benefit account until disbursement. If the cash payment cannot be authorised, the proceeds of sale are to remain on my vested benefit account failing any other instructions on my part.		
Signature	Place, date	Client signature	