Account number



Disbursement in the event of death						
Personal data of the deceased Contracting Party						
Surname		First name				
Street, number		Postcode	City or town			
Date of birth	Civil status		Citizenship			
Date of death	Social security number					
Personal data of beneficiary 1						
Surname		First name				
Street, number		Postcode	City or town			
Country	Civil status		Citizenship			
Date of birth	Social security number	r				
Degree of kinship		Main residence (tax domicile)				
Telephone number		E-mail address				



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Payment instructions of beneficiary 1						
Bank name		Swift / E	Swift / BIC			
IBAN / account number		In the name of (surname, first name)				
Note: Please note that it is essential that the account be in t is reported to the tax authorities, or a withholding tax dedi				francs	s; also for transfers abroad. Either a lump-sum payment	
Personal data of beneficiary 2						
Surname		First na	First name			
Street, number		Postcoo	le		City or town	
Country	Civil status				Citizenship	
Date of birth	Social security num	ber				
Degree of kinship		Main re	sidence (tax	x don	nicile)	
Telephone number		E-mail a	ddress			
Payment instructions of beneficiary 2						
Bank name		Swift / E	BIC			
IBAN / account number		In the n	ame of (sur	name	e, first name)	

Note: Please note that it is essential that the account be in the name of the beneficiary. The transfer is made in Swiss francs; also for transfers abroad. Either a lump-sum payment is reported to the tax authorities, or a withholding tax deduction is made for the pension assets paid out.



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Personal data of beneficiary 3					
Surname		First name			
Street, number		Postcode	City or town		
Country	Civil status		Citizenship		
Date of birth	Social security number				
Degree of kinship		Main residence (tax do	micile)		
Telephone number		E-mail address			
Payment instructions of beneficiary 3					
Bank name		Swift / BIC			
IBAN / account number		In the name of (surnam	ne, first name)		
Note: Please note that it is essential that the account be in the name of the beneficiary. The transfer is made in Swiss francs; also for transfers abroad. Either a lump-sum payment is reported to the tax authorities, or a withholding tax deduction is made for the pension assets paid out.					

Due date

The payment will be made on the next possible date.

Note: The processing time can be up to 25 working days as of receipt of the letter. The closing value of the Contracting Party's account is based on the value that is determined after the Foundation has received the legally valid notice of termination including the documents required by the Foundation.

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Documents to be submitted

- Copy of an official ID with signature of the beneficiaries or their legal guardians
- Copy of the death certificate, the updated family record book / family record book or the death certificate of the Contracting Party
- Copy of the will and the certificate of inheritance as well as the official list of heirs
- In the event of renouncement of the inheritance: Record of renouncement of the inheritance
- In the event of a divorce: Copy of the divorce decree or copy of the court decision on the dissolution of the registered partnership
- In the case of spouses or registered civil partnership: Marriage certificate / partnership certificate
- In the case of an (unregistered) civil partnership: Confirmation of registration from the residents' registration office of the municipality
 of residence of the deceased Contracting Party and their partner for the last five years until death, as well as a cohabitation agreement

Note: The Foundation is entitled to make further inquiries and may request additional documentation to verify eligibility. The legal or regulatory beneficiary regulations form the basis for the benefits to be awarded. If the Contracting Party had submitted an application for a change in the order of beneficiaries to the Foundation, this may result in a deviation from the beneficiary order set out in the regulations.

Signature and confirmation

With their signature, the Contracting Party / Parties confirm(s)

- that this document and the other documents submitted are correct and complete.
- that they are aware that, depending on their tax domicile, a capital benefit report will be made to the tax authorities, or withholding tax will be deducted from the balance value.
- that they will fully indemnify Zugerberg 3a Vorsorgestiftung, should the latter be required to pay benefits to further beneficiaries who
 take precedence over the undersigned in accordance with the beneficiary order. Several beneficiaries are jointly and severally liable
 towards the Foundation.

Place, date	Signature of beneficiary 1
Place, date	Signature of beneficiary 2
Place, date	Signature of beneficiary 3

Delivery by mail

Please return the completed form with all relevant documents to: Zugerberg 3a Vorsorgestiftung, Lüssiweg 47, CH-6302 Zug