ZUGERBERG FINANZ

Zugerberg Vested Benefits Foundation
Vested Benefits Foundation Wildspitz
Lüssiweg 47
CH-6302 Zug

+41 41 769 50 10
info@zugerberg-finanz.ch
www.zugerberg-finanz.ch

Payment due to minimal amount

☐ **Zugerberg Vested Benefits Foundation** or
☐ **Vested Benefits Foundation Wildspitz**

Account number

Account number

PERSONAL DATA OF THE CONTRACTING PARTY

Form of address ☐ Ms ☐ Mr Title

Last name

First name

Street / Number

Postcode / City, town

Date of birth

Social security number

Telephone number

Email

CONDITIONS FOR PAYMENT

The credit balance with the last pension fund is lower than the employee's annual contribution
☐ Yes ☐ No (withdrawal not possible)

I am affiliated with a pension fund
☐ Yes (withdrawal not possible) ☐ No

PAYMENT INSTRUCTIONS

Bank name

Swift / BIC

IBAN / Account number

Holder Last Name, first Name

Note: Please note that the account must be in the name of the vested benefits account holder. The transfer will be made in Swiss francs.

REQUIRED DOCUMENTS

Pension statement from the last pension fund

SIGNATURE AND CONFIRMATION

By signing, the Contracting Party confirms that this application is accurate and complete.

Place, date

Signature of the Contracting Party

With their signature, the spouse / registered partner confirms that they consent to the payment.

Place, date

Signature of spouse / registered partner

DELIVERY BY MAIL

Please send the completed form with all required documents to:

Zugerberg Vested Benefits Foundation
Lüssiweg 47
CH-6302 Zug

or

Vested Benefits Foundation Wildspitz
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CH-6302 Zug