

3a retirement account number _ _ _ _ _ _ _

Request for payout (standard withdrawa	l)			
Please send to: Stiftung Sparen 3 of Bank CIC (Switzerland) Lt	d., c/o Bank CIC (Switzerland) Ltd., Marktplatz 13, 4001 Basel			
The pension account holder named below instructs Stiftung Sparionship and to pay out the capital released as follows.	ren 3 of Bank CIC (Switzerland) Ltd. to close the retirement rela-			
Pension account holder ¹				
☐ Mr ☐ Ms				
Surname:	First name:			
Street, number:	Postcode, town/city:			
Marital status:	Date of birth:			
Nationality:	Telephone:			
Reason for payout				
Retirement age reached, upper age limit for further employment reached (max. five years after reaching retirement age) or early pension release (max. five years before reaching retirement age) Date of payout				
Date of payout: Only dates in the future are possible (max. three months from the date of application).				
Beneficiary payout instructions				
Name and address of bank				
Bank clearing number				
BAN/account number				
Surname, first name, account holder				
Please transfer my pension assets to a new Bank CIC cleve Please transfer my pension assets to a new Bank CIC savin I would like an advisory meeting with Bank CIC (Switzerland Please give me a call, preferably between and	ngs account.*) Ltd. regarding further options for investing my pension assets.			
miorination about dieverinvest ean be found at cic.cin/cieverinvest , while into	mation about account solutions is available at cic.cii/1663 .			



¹ All terms also apply to women.



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I confirm that the information above is accurate and complete. I authorise Stiftung Sparen 3 of Bank CIC (Switzerland) Ltd. to conduct further checks if it deems this to be necessary.				
Place and date:		Signature of pension account holder:		
For internal purposes				
Date:	Name of RM:		Initials of RM:	