ufsz
Unabhängige Freizügigkeitsstiftung Schwyz

Vested Benefits Agreement
Cash-Solution with Unabhängige Freizügigkeitsstiftung Schwyz

The undersigned (hereinafter 'the insured person' or 'I') applies to conclude vested benefit agreement with the Unabhängige Freizügigkeitsstiftung Schwyz (hereinafter "ufsz" or 'Foundation') and to open a vested benefits account in his or her name at Sparkasse Schwyz AG (hereinafter 'Bank').

Data on the account holder

Salutation

❑ Mr ❑ Ms/Mrs

Title

❑ Dr ❑ Prof. ❑ Prof. Dr

Surname

First name

Address

Postcode, City

National insurance number (AHV)

756.

Civil status/since

Date of birth

Nationality(ies)

Mobile phone number

E-mail address

Tax obligations

❑ CH ❑ others:

I am contributing a vested benefit of at least CHF 50,000.00 to ufsz:

❑ Yes ❑ No. Goodwill arrangement as agreed with:

I am currently assuming that my vested benefits will remain with ufsz for more than 3 months:

❑ Yes ❑ No. Reason:

Please enclose a legible copy of your identity document (passport or ID).

Custodian bank

Sparkasse Schwyz AG, 6431 Schwyz Clearing: 6633 SWIFT/BIC: RBABCH22633

Dispatch of bank documents

The custodian bank makes all account information available to the account holder online in e-banking. At the end of the year, the account holder also receives a statement of assets. If e-banking is not desired, the statement will be sent by post.

Closure of the vested benefits account

If the vested benefits are not credited within 3 months of receipt of the opening documents, the Foundation reserves the right to cancel the vested benefits account.

Data exchange / information option

The client recognises and agrees that all information and data relating to the conclusion and handling of the account relationship may be exchanged between the client, the Foundation and the custodian bank. Furthermore, confidentiality must be maintained vis-à-vis third parties with regard to all information concerning the account holder. The statutory duties to provide information remain reserved.

Regulations and Articles of Association

Based on the provisions of the Federal Law on Vested Benefits in Occupational Retirement, Survivors' and Disability Pension Plans (FZG) and the associated Ordinance (FZV) as well as the enclosed regulations, the insured person concludes a contract with the Independent Vested Benefits Foundation Schwyz to open a vested benefits account. In particular, he recognises that during the term of this contract only withdrawals provided for by law are possible. The account holder recognises the current versions of the pension fund-, fee- and investment-regulations (hereinafter referred to as 'regulations'), which can be viewed at any time at www.ufsz.ch, and the Foundation's current Articles of Association as binding and integral parts of this vested benefit agreement. In particular, the client acknowledges that the Board of Trustees may decide to amend the Regulations and the Articles of Association at any time.

Applicable law and place of jurisdiction

All legal relationships are subject to Swiss law. For all insured persons domiciled in Switzerland, the place of fulfilment, place of jurisdiction and place of debt collection shall be determined in accordance with the statutory provisions. The place of fulfilment, place of jurisdiction and place of debt collection for insured persons domiciled abroad is the registered office of the Foundation.

Explanations

By signing this document, I confirm that I have read and understood this vested benefit agreement and the regulations and that I agree to the content.

Costs

- Foundation fee ufsz 0.1% p.a.
- Other fees according to regulations

Signature of account holder

Surname | First name

Place, Date | Signature of account holder

❑ Copy of identity card enclosed

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Balancing order for the previous 2nd pillar institution

Sender (client/beneficiary)

Surname	First name	Date of birth

Address	Postcode, City	National insurance number (AHV)
		756.

2nd pillar institution

Name and address of the previous pension fund/vested benefits foundation/insurance company (contractor) | Leaving date

I would ask you to transfer the vested benefits deposited with you, observing the notice period, in your favour:

SPARKASSE SCHWYZ AG
6431 Schwyz

Kto. Nr. 74.020.098.783.0
IBAN CH04 0663 3740 2009 8783 0
Unabhängige Freizügigkeitsstiftung Schwyz
6431 Schwyz
FZL Name/Vorname

Signature of account holder

Place, Date	Signature of account holder

Confirmation / signature of the foundation

We hereby confirm that the vested benefits account is an account of the account holder with Sparkasse Schwyz AG in accordance with Art. 82 BVG and Art. 19 para. 1-2 FZV.

Sparkasse Schwyz AG