



Termination of pillar 3b insurance

I am cancelling my pillar 3b policy. The policy in question will terminate on the first day of the month following receipt of this form or in the future on [] (date).

Details of the policyholder

Last name	[]	Policy number	[]
First name	[]	Date of birth	[]
Street/no.	[]	Country of birth	[]
Postcode/town/country	[]	All nationalities	[]
E-mail	[]	Private/mobile phone no.	[]
Swiss social security (AHV) no	756. []	Which countries do you have a fiscal residence in?	[]
Current job/ occupation	[]	Current function/ position	[]
Sector (e.g.chemical industry, construction etc.)	[]	Name employer & location	[]

- I am married/separated/in a registered partnership.
 I am single/divorced/widowed/in a dissolved partnership.

Please pay me the surrender value minus any premium or loan owed. Please make the payment to the following account.

Payment instructions

Please provide the bank details of the account to which the payment is to be made:

Account is in the name of the policyholder []

Post/ bank name []

Address of bank []

BIC/SWIFT-Code [] IBAN []

Payment

Once we are in possession of all the necessary information/documents it will take approx. 30 days for the transfer to be made. **A copy of a valid official identity document** (passport or ID card) of the policyholder or the beneficiary must be enclosed with this payment order.

I hereby confirm that the information provided is true and accurate.

[]
Place, date

[]
Signature(s)
All policyholders and rightful claimants or their representatives

[]
Place, date

[]
Signature(s) and stamp
Pledgee