



Termination of pillar 3a qualified provident insurance

Do you want to terminate your pillar 3a qualified provident insurance?

Please complete the enclosed form with the information that applies to you. Below you will find 10 legally recognised reasons for payout. The policy can only be cancelled if one of these reasons applies to you. Mark the appropriate reason on the form and send us the information required.

What are the legal grounds for your payout request?

1. Five years before retirement age or less
 2. Full disability pension
 3. Voluntary purchase into pension fund
 4. Payment into a pillar 3a policy or pillar 3a account
 5. New self-employed status in occupation providing my primary source of earned income
 6. Self-employment in occupation providing my primary source of earned income has changed
 7. Leaving Switzerland permanently
 8. Leaving Switzerland as a former cross-border commuter
 9. Advance withdrawal for residential property for own use
 10. Surrender value is less than the annual premium
- ✎ No legally recognised reason / premium can no longer be paid

Where do you have to send the form?

Send the completed, dated and signed form by post or e-mail to:

Postal address	E-mail address
Generali Insurance Customer service - life Soodmattenstrasse 10 8134 Adliswil	life.ch@generali.com

We thank you for the trust you have placed in our company.

Yours sincerely
Generali Insurance

Ralph Schmid
Chief Life & Pension Officer

Georgios Koletsis
Head of Business in Force



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The policy in question will terminate on the first day of the month **following receipt of this form** or in the future on _____ (date). If the policy has been pledged, the pledgee's consent in writing is also required (stamps & double signature).


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.: _____

I am cancelling my pillar 3a policy for the following reason:

Please check **only one** applicable legal reason. Then send us the required documents.

No.	Legally recognised reasons for payout:	What we need from you:
1	<input type="checkbox"/> I am at least 59 years old (women) or 60 years old (men) . (Payout is possible <u>at the earliest</u> five years before you reach AHV retirement age, as determined by your date of birth.)	<ul style="list-style-type: none"> Your signature and payment instructions
2	<input type="checkbox"/> I receive a full disability pension from the 1st pillar (min. 70%) . Plus, disability risk is not insured in my 3a policy . (The premium exemption does not count as an insured disability risk.)	<ul style="list-style-type: none"> Your signature and payment instructions Latest legally binding pension decision issued by disability insurance (IV) (not older than five years)
3	<input type="checkbox"/> I want to voluntarily buy into a tax-exempt provident scheme of the 2nd pillar .	<ul style="list-style-type: none"> Your signature Confirmation from the pension fund of the maximum permissible purchase and the pension fund's payment instructions.
4	<input type="checkbox"/> I want to pay into a pillar 3a policy or a pillar 3a account . (Not permitted: transfer to a vested benefits account/policy or repayment of an advance withdrawal for owner-occupied residential property using pillar 3a funds)	<ul style="list-style-type: none"> Your signature Confirmation from the new pillar 3a provident scheme with payment instructions (for example, confirmation by the bank of the account opening with the account number)
5	<input type="checkbox"/> I am now self-employed (primary source of earned income) . I hereby confirm that I do not have to pay into any compulsory occupational pension plan (BVG). (You must be self-employed in Switzerland and operate in the legal form of a sole proprietorship or partnership. In addition, the application for payment must be submitted within one year.)	<ul style="list-style-type: none"> Your signature and payment instructions Confirmation of self-employment from the AHV compensation office. Excerpt from the commercial register (if registered). Consent of spouse or registered partner (including copy of a legal form of identification, e.g. passport or ID)
6	<input type="checkbox"/> I now pursue a different occupation as a self-employed person and have given up my previous occupation . I now work in a completely different type of self-employment. (You must be self-employed in Switzerland and operate in the legal form of a sole proprietorship or partnership. In addition, the application for payment must be submitted within one year.)	<ul style="list-style-type: none"> Your signature and payment instructions Confirmation of the new self-employed occupation from the AHV compensation office. Previous occupation: _____ New occupation: _____ Excerpt from the commercial register (if registered). Consent of spouse or registered partner (including copy of a legal form of identification, e.g. passport or ID)

7	<input type="checkbox"/> I have or will leave Switzerland permanently on _____ (date). I have/will give up my place of residence and employment in Switzerland permanently.	<ul style="list-style-type: none"> Your signature and payment instructions Confirmation of de-registration from the community of residence in Switzerland showing the official de-registration date or a document confirming your address abroad. The documents must not be more than two months old. Consent of spouse or registered partner (including copy of a legal form of identification, e.g. passport or ID)
8	<input type="checkbox"/> I was a cross-border commuter and am now leaving Switzerland permanently. I definitively no longer work in Switzerland and have cancelled my cross-border commuter permit.	<ul style="list-style-type: none"> Your signature and payment instructions Copy of a confirmation of employment or the last two salary statements from the employer abroad or an official document confirming unemployment from the competent authority abroad. The documents must not be more than two months old. Consent of spouse or registered partner (including copy of a legal form of identification, e.g. passport or ID)
9	<input type="checkbox"/> I want to make an advance withdrawal for owner-occupied residential property For example, to purchase or build residential property to live in yourself or to repay a mortgage loan or home equity interest. Payouts are only possible every five years.	<ul style="list-style-type: none"> Please request a separate form from us. Do you want to use the money to pay for renovation work on owner-occupied property? Then please request the additional information sheet from us.
10	<input type="checkbox"/> The surrender value of my policy is less than the annual premium. Plus, the insured event has not yet occurred.	<ul style="list-style-type: none"> Your signature and payment instructions Consent of spouse or registered partner (including copy of a legal form of identification, e.g. passport or ID)
	<input type="checkbox"/> I do not fulfil any of the legally recognised grounds for a pillar 3a payout. However, I do not want to continue paying the premium. I want to switch to a premium-free insurance policy. When a policy is converted, no more premium must be paid. The insured capital is reduced, and all the complementary insurances are cancelled. The unit-linked insurances are converted into conventional insurances and are no longer invested in funds.	<ul style="list-style-type: none"> Your signature

Payment

Once we are in possession of all the necessary information/documents it will take approx. 30 days for the payment to be made. Where the amount to be paid out is CHF 50,000 or more, a certificate of the policyholder's current civil status or partnership status is **mandatory**. This can be obtained from the policyholder's place of origin in Switzerland or from a foreign authority/consulate. In the case of French nationality, an up-to-date extract of the policyholder's birth certificate is required.

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: _____

I am married / separated / in a registered partnership.

I am single / divorced / widowed / in a dissolved partnership.

I confirm that the information I have given is true.

Place, date

All policyholders and rightful claimants or their representatives must sign.

Place, date

Signature of spouse or registered partner
(Enclose copy of a legal form of identification, e.g. passport or ID.)

Generali Personal Insurance Ltd.

A member of the Gruppo Assicurativo Generali, entered in the Italian Register of Insurance Companies under number 026

Our data protection provisions can be viewed at generali.ch/dataprotection, or you can request a copy from our customer service department