

The independent pension platform

Application to open an account with Liberty Foundation for 3a Retirement Savings

Client particulars	Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms/Mrs	Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Prof. Dr.		
	Name				First name				
	Street, N°				Postal code, place, country				
	Nationality		Phone		Date of birth				
	Insurance number (AVS)		Civil status, date of marriage		E-mail address: (for quarterly Newsletter, etc.)				
	<input type="checkbox"/> I am a member of a pension fund (2 nd pillar)				<input type="checkbox"/> I am not member of a pension fund (2 nd pillar)				
					<input type="checkbox"/> self-employed <input type="checkbox"/> employed part-time <input type="checkbox"/> not gainfully employed				
	<input type="checkbox"/> standing order (see attachment)								
	Intermediary/ Consultant	Name				Contact person			
		Street, N°				Postal code, place			
<input type="checkbox"/> No fees <input type="checkbox"/> The one-off sales commission for the intermediary or consultant is _____% or CHF _____ (max. 3%) and will be charged to the first transfer. The Foundation shall charge the agreed fees directly to the Client's account on its books on behalf of the intermediary or consultant. For securities solutions, fees shall be indicated on the relevant authority and sent in together with the other forms and documents.									
Correspondence instructions	Correspondence to be sent to: <input type="checkbox"/> Client <input type="checkbox"/> Consultant <input type="checkbox"/> Client with copy to Consultant								
	<input type="checkbox"/> as above				<input type="checkbox"/> Client's address for correspondence				
	Name				First name				
Account solution	Street, N°				Postal code, place, country				
	No more than five 3a retirement savings accounts can be opened for each client. Current interest rates are published on www.liberty-pension.ch or may be obtained from the Foundation.								
	<input type="checkbox"/> 3a retirement savings account 1		Partnerbank	<input type="checkbox"/> Sparkasse Schwyz		<input type="checkbox"/> Credit Suisse	<input type="checkbox"/> Lienhardt & Partner		
	<input type="checkbox"/> 3a retirement savings account 2		Partnerbank	<input type="checkbox"/> Sparkasse Schwyz		<input type="checkbox"/> Credit Suisse	<input type="checkbox"/> Lienhardt & Partner		
	<input type="checkbox"/> 3a retirement savings account 3		Partnerbank	<input type="checkbox"/> Sparkasse Schwyz		<input type="checkbox"/> Credit Suisse	<input type="checkbox"/> Lienhardt & Partner		
	<input type="checkbox"/> 3a retirement savings account 4		Partnerbank	<input type="checkbox"/> Sparkasse Schwyz		<input type="checkbox"/> Credit Suisse	<input type="checkbox"/> Lienhardt & Partner		
Transfer Instructions	<input type="checkbox"/> 3a retirement savings account 5		Partnerbank	<input type="checkbox"/> Sparkasse Schwyz		<input type="checkbox"/> Credit Suisse	<input type="checkbox"/> Lienhardt & Partner		
	For securities solutions, in addition to the account opening application form, an application to open a securities deposit must be sent in with the corresponding documentation.								
Exchange of data	<input type="checkbox"/> With regard to the account opening application form and in accordance with the attached transfer order, I hereby instruct the Foundation to collect my pension assets and any securities held with my prior 3 rd pillar pension institutions. In absence of a transfer order, a payment slip will be enclosed with the account opening confirmation.								
	I acknowledge the fact that the information and data concerning the opening and administration of the account and securities deposit may be exchanged between the Foundation, the asset manager, the custodian bank, the distribution partner and my Consultant, and hereby consent to such exchange of information. All information concerning the Client shall be handled confidentially vis à vis third parties. Legal information obligations are reserved.								
Declaration	I hereby declare that the indications provided herein are true and accurate and I request the opening of the referenced account(s). I further confirm that I have read and understood the Foundation Regulations and the General Terms and Conditions and that I accept their contents.								
Signature	Place, date				Client's signature				
Attachments	- Copy of passport or ID (with photo and legible signature) - Transfer order (if applicable) - Risk check and risk profile (for securities solutions) - Standing order (if applicable)								