

Policy no.: Agency / Advisor no.: /

Policyholder / contracting party

First name, last name / Business name:

Date of birth: AHV/AVS number: . . .

Nationality(ies):

Address:

ZIP code – Town – Country / Country of company domicile:

This form is to be completed in case of payment of one of the following insurance benefits (full list):

- Total and partial maturity
- Total and partial surrender
- Death benefit
- Loan
- Refund of a premium deposit account
- Participation in surpluses
- Life annuity, flexible, annuity certain
- Disability pension
- One-time withdrawal, Serenity bonus withdrawal

Please complete a separate form for each account holder.

Payment information

Currency: CHF EUR USD Amount of payment:

Country of the account receiving the payment: CH Other:

Holder of postal or bank account

To be completed only if the account holder is neither the policyholder / contracting party nor the beneficiary of the death benefit.

First name, last name / Business name:

Date of birth: AHV/AVS number: . . .

Nationality(ies):

Address:

ZIP code – Town – Country / Country of company domicile:

Relationship between the policyholder / contracting party and the account holder:

.....

Signature

Place, date (day/month/year)

Signature **policyholder / contracting party or legal representative**

Mandatory documents to be attached

- For each party "natural person":
 - A legible copy of the front and back of a valid and signed identity document (identity card, passport, residence permit or Swiss driving licence).
- For each party "legal entity":
 - A copy of the extract from the commercial register not older than 12 months or a copy of a document equivalent to the extract from the commercial register not older than 12 months.
 - A legible copy of the front and back of a valid and signed identity document (identity card, passport, residence permit or Swiss driving licence) of the persons signing the documents required by Vaudoise Life.
 - A copy of a current signature card of all persons with signing authority if the signing authority is not visible on the copy of the extract from the commercial register or in any case for companies not registered in the commercial register.
- FATCA / AEol (for unrestricted "pillar 3b" individual insurance policies with a savings component)
 - A tax identification and self-declaration form for each party "natural person or legal entity" if different from the policyholder / contracting party. This form is not required for persons who have already completed and signed an "Edition 07.2017" or later edition of the said form, unless new data impacts their tax status. This form can be obtained from your agency or on our website <https://www.vaudoise.ch/fr/particulier/famille-prevoyance/prevoyance/prevoyance-retraite/formulaires-vvi>.