

Application for a lump-sum withdrawal

Schindler Pension Fund
Zugerstrasse 13, CH-6030 Ebikon

Surname, first name

Address

I work at

in

an will retire on

My AHV no.:

In accordance with Art. 11.4 of the Rules of the Schindler Pension Fund, I apply

to make a lump-sum withdrawal of

%

or

CHF

I am fully aware that my lifetime retirement pension will be reduced in accordance with the amount of the lump-sum withdrawal. I am also aware that all survivors' benefits (spouse's, child's and orphan's pensions) will also be reduced to the same degree. Furthermore, I hereby expressly confirm that I have not made any additional voluntary contributions to the Pension Fund in the three years prior to my retirement.

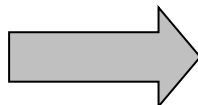
Address for payment:

(Exact address of bank, BC and account no.
or post office account no.)

Date and signature of insured:

Date and signature of spouse:

Insureds **must** enclose a copy
of their Passport or ID.



The spouse's signature **must** be certified by a notary.
Unmarried insureds **must** enclose a **current** official
confirmation of their marital status.

CONFIRMATION

We will transfer this lump-sum withdrawal to the payment address given above at the same time as the first pension payment.

Schindler Pension Fund, 6030 Ebikon, _____