

Order for the repayment of card balance (in the event of death)

This form must be filled out, signed and submitted **by the legal heir**. For repayments of CHF/USD/EUR 50, a processing fee of CHF/USD/EUR 20 is charged. **For each card, a separate form** must be filled out and submitted. Processing can take up to four weeks.

Please note the following points

In the case of a repayment due to death, we require the consent of the legal heirs and the following documents:

- Copy of the certificate of inheritance with stamp of the issuing office
- Valid ID or passport copies of all heirs
- If applicable, certificates of probate or corresponding powers of attorney
- The form must be signed by all heirs

Details about the card

Please enter only **the first four and last four digits** of the card number:

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Cardholder details

Title: Ms Mr

First name: _____ Name: _____

Date of birth (dd.mm.yyyy): _____ Nationality: _____

Street/house no.: _____

Postcode/city, country: _____

Authorised agent

Title: Ms Mr

First name: _____ Name: _____

E-mail: _____ Phone: _____

Relationship to the cardholder: _____

Details about the bank transfer (estate account)

Please ensure that the account number (IBAN) is correct and that the account is not balanced until the repayment has been made. The card is closed after the transfer and loses its validity.

Account currency: CHF EUR USD

IBAN:

Name of bank:

City, country:

BIC/SWIFT/bank code (if account outside of Switzerland):

Details of the account holder

Title: Ms Mr

First name:

Name:

Street/house no.:

Postcode/city, country:



Your checklist

- The form has been completed in full and signed by all legal heirs
- A copy of the certificate of inheritance with the stamp of the issuing office is attached
- Powers of attorney or corresponding authorisations are attached
- A valid copy of the ID or passport of each legal heir is enclosed

By signing this document, you confirm that you have attached the listed documents for repayment. The refund can only be processed if the **form is completely filled out**.

Please send this form and additional documents **by e-mail** to info@swissbankers.ch **or by post** to Swiss Bankers Prepaid Services Ltd (Liechtenstein), Austrasse 56, 9490 Vaduz, Liechtenstein.

First name, last name:

Signature or electronic signature:

Place, date:

First name, last name:

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