

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

This form must be completed, signed and submitted either **by the heirs or by the executor**, if one has been appointed. Processing can take up to four weeks.

Please note the following points:

- A handling fee of CHF/USD/EUR 20 **per card** is charged. No payment will be made if the available balance is equal to or lower than the processing fee. In such cases, the card will be cancelled and the remaining balance will be credited to the Bank.
- Please indicate for **each card** the payment account to which the balance is to be transferred.
- The card is closed after repayment of the card balance.

Details about the cards

Please enter only **the first four and last four digits** of the card number for up to five cards. The card is closed after repayment of the card balance and loses its validity.

Card 1

Card 2

Card 3

Card 4

| | | | X X X X | X X X X | | | |

Card 5

| | | | | X X X X | X X X X | | | |

Details of deceased cardholder

Title: ☐ Ms ☐ Mr

First name: _____

Name: _____

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

Nationality: _____

Street/house no.: _____

Postcode/city, country: _____

Details for bank transfers (estate accounts)

Please ensure that all account numbers (IBAN) indicated are correct and that the respective accounts are not closed before repayment has been made. Please indicate for each payment account **the card(s)** for which the respective credit is to be transferred to the account.

Payment account in CHF

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

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: _____

Payment account in EUR

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

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: _____

Payment account in USD

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

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

- When submitting a certificate of inheritance, the form must be signed by all heirs.
When submitting an executor's certificate, it must be signed by the executor.
- All cards are listed along with the first four and the last four digits
- A payment account is noted for each card
- Copy of the inheritance certificate duly stamped by the issuing office or – if an executor has been appointed – the executor's certificate or a corresponding power of attorney is enclosed
- Valid ID or passport copy of each heir or – if an executor has been appointed – of the executor is enclosed

By signing below, you confirm that all required documents have been enclosed. 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, Customer Service, Kramgasse 4, 3506 Grosshöchstetten.

First name, last name:

Signature:

Place, date:

First name, last name:

Signature:

Place, date:

First name, last name:

Signature:

Place, date:

First name, last name:

Signature:

Place, date:

First name, last name:

Signature:

Place, date:
