

Vested Benefits Foundation of PFS  
Pension Fund Services AG  
P.O. Box  
CH-8098 Zurich

www.pfs-fz.ch

Vested benefits account

## Risk capacity evaluation - Vested Benefits Foundation of PFS Pension Funds Services AG

We are legally required (Art. 19a FZV) to ascertain your personal risk capacity when carrying out securities investments using your retirement assets. Please take time and make sure you answer the following questions. For each question, choose an answer that comes closest to your personal preferences.

### Pension account holder <sup>1</sup>

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Street, no.

\_\_\_\_\_  
Postal code, city

\_\_\_\_\_  
Date of birth

#### 1. What is your age?

- |  |   |
|--|---|
| <input type="checkbox"/> over 60           | 3 |
| <input type="checkbox"/> between 45 and 60 | 2 |
| <input type="checkbox"/> less than 45      | 1 |

#### 2. When do you expect to draw upon the invested amount?

- |  |   |
|--|---|
| <input type="checkbox"/> less than 5 years from now  | 3 |
| <input type="checkbox"/> in 5 to 10 years' time      | 2 |
| <input type="checkbox"/> in more than 10 years' time | 1 |

#### 3. How would you rate your knowledge of investing?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> none         | 3 |
| <input type="checkbox"/> intermediate | 2 |
| <input type="checkbox"/> good         | 1 |

#### 4. Which of these statements best describes your risk capacity?

- |  |    |
|--|----|
| <input type="checkbox"/> My aim is to preserve my capital. I therefore cannot accept any fluctuations in my invested pension assets.   | 10 |
| <input type="checkbox"/> My aim is to increase my capital. I am therefore prepared to accept price fluctuations in my invested assets, because I expect to be compensated by greater returns in the long term. | 2  |

#### 5. What is your primary objective for this investment?

- |   |   |
|---|---|
| <input type="checkbox"/> Capital preservation (limited risk of loss, but also limited value growth potential) | - |
| <input type="checkbox"/> A combination of capital preservation and asset growth                               | - |
| <input type="checkbox"/> Asset growth (higher growth potential at an elevated risk of loss)                   | - |

<sup>1</sup> The singular form also includes the plural, and all masculine terms referring to persons refer to persons of both genders.

**6. What is the share of the capital you wish to invest in PFS securities investment at the Vested Benefits Foundation of PFS Pension Funds Services AG in your overall pillar 2 retirement assets (mandatory or non-mandatory assets held in a pension fund or other vested benefits foundations)?**

- 76-100% 3
- 51-75% 2
- 26-50% 1
- 0-25% 0

**Evaluation of the risk profile/investment recommendation**

Add up your points and check the table to determine the investment opportunity that best suits you.

**Total points** \_\_\_\_\_ points

Total points	Risk profile	Investment opportunities
13 to 22 points	No risk tolerance	PFS vested benefits account
11 to 12 points	Low risk tolerance	PFS Income
9 to 10 points	Medium risk tolerance	PFS Income
7 to 8 points	High risk tolerance	PFS Classic
5 to 6 points	Very high risk tolerance	PFS Growth

**Risk declaration**

I hereby declare that I have answered the above questions truthfully. My risk profile is determined by an evaluation of the information given by me. I accept that any investment choices made outside of my risk profile are associated with a greater level of risk. I have made my final investment decision within my chosen investment strategy based on my investment knowledge, investment objectives and investment horizon. I acknowledge that the Vested Benefits Foundation of PFS Pension Funds Services AG has not made any guarantees as to future returns and that positive performance in the past does not guarantee positive performance in future. Furthermore, I understand that the investment in securities may result in price losses for which I alone shall bear the full risk. Neither the Vested Benefits Foundation of PFS Pension Funds Services AG nor PFS AG or any of its bodies shall be liable for any losses incurred.

**Please note:**

If your investment decision deviates from your risk profile as established from your answers given in the questionnaire, and if you decide in favor of a securities investment despite this fact, you will bear the full associated risk yourself.

In the event of any changes in your living circumstances which directly affect the chosen investment strategy (e.g. taking up self-employment, going into retirement, divorce, etc.) you are obliged to undergo a new risk evaluation, the results of which will be used by the Vested Benefits Foundation of PFS Pension Funds Services AG.

A risk capacity evaluation form must have been received before a securities investment order can be filled. The signed and completed risk capacity evaluation form should be submitted together with the "Securities investment with a PFS vested benefits account" form.

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature of pension account holder \_\_\_\_\_

→ It is mandatory that you enclose a copy of your current, signed ID card