

Application for purchasing additional benefits from the pension fund

Employer **Contract no.**

Insured person

Mr Ms

Name First name
 Street Postcode, place
 Telephone E-Mail
 Date of birth Insured no.

Purchases are only processed after receipt of the completed and signed form!

Credit balances on vested benefits accounts and vested benefits policies are deducted from the maximum amount for which additional benefits can be purchased. Under certain circumstances, part of any Pillar 3a credit balance you may have is deducted from the purchase amount. Please note that after a voluntary purchase of additional benefits, you may not withdraw any of your vested benefits in the form of a lump sum for the next three years. The insured person is solely responsible for tax consequences.

- Are there any vested benefits accounts, vested benefits policies or other pension insurance policies in your name? Yes No
 If yes, please enclose current statements of all accounts, policies or pension insurance policies
- Have you ever made an advance withdrawal to finance residential property from a pension fund or a vested benefits account? Yes No
 If yes: Date of advance withdrawal Amount
 Have you repaid part or all of the advance withdrawal? Yes No
 If yes: Date of repayment Amount
- Do you draw or have you drawn retirement benefits? Yes No
 If yes: Name of pension fund
 Address
 Telephone
- Have you ever been self-employed? Yes No
 If yes, do you have any Pillar 3 pension accounts or policies dating from this period? Yes No
 If yes, please enclose the latest statements and tax certificates for all pension accounts and policies.
- Did you move to Switzerland from abroad after 1 January 2006? Yes No
 If yes: Date of move
 Were you ever insured with a Swiss pension fund before? Yes No
 If yes, please enclose the latest statements and tax certificates for all pension accounts and policies.

We will send you a payment slip for the purchase of additional benefits after we have received and processed your application.

I confirm that I have answered all the questions truthfully.

Place, date Signature of the insured person