

Application for purchasing additional benefits from the pension fund

Employer		Contract no.	
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Insured person

	☐ Mr	☐ Mrs
Name		
Street		
Telephone		
Date of birth		
First name		
Postcode, place		
E-Mail		
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.

1.	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.		
2.	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?		
	If yes: Date of repayment		Amount
3.	Do you draw or have you drawn retirement benefits?	☐ Yes	☐ No
	If yes: Name of pension fund		
	Address		
	Telephone		
4.	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.		
5.	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.

Signature

I confirm that I have answered all the questions truthfully.

Place, date

Signature of the insured person

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