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Application for purchasing additional benefits from the pension fund

Employer **Contract no.**

Insured person

○ Mr ○ Ms

Surname		First name	
Street		Postcode, Place	
Telephone W		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.

1. Do you have any vested benefits accounts or vested benefits policies in your name? ○ Yes ○ No
   If yes, please enclose the latest statements for all vested benefits policies and accounts.

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? ○ Yes ○ No
   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 insurance certificates or withdrawal statement.

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