

Request for calculation of the maximum repurchase

Employer

Company Contract N°

Person details of insured

Last name

First name

AVS N° . . . Date of birth / /

E-mail Telephone

Address

Civil status single married divorced widow(er)
 registered partnership dissolved partnership

Information concerning 2nd pillar assets

Have you benefited from an advance payment for the purchase of housing that you have not yet repaid? yes no

Have you ever received or are you currently receiving a retirement benefit from a former pension institution? yes no

Do you have one or more vested benefits policy(s) or accounts? yes no

If yes, please attach the bank statement and complete the following information

Name and address of bank / insurance

Vested benefit on 31.12.

1.

CHF .

2.

CHF .

Information concerning pillar 3a assets

Have you been self-employed in the past? yes no

If yes, during this period, did you make any payments into Pillar 3a? yes no

If yes, please enclose a statement/certificate showing all Pillar 3a assets at the end of last year.

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Complementary information in case of arrival from abroad

Did you arrive from abroad during the course of the last five years?

If yes, date of arrival in Switzerland

/ /

yes no

Were you already insured with a pension fund in Switzerland before leaving for abroad?

yes no

If yes, please include your last insurance certificate and/or exit balance.



Appendices

We draw your attention to the fact that the required enclosures must imperatively be included with your request, failing this we will not be able to inform you of the maximum repurchase amount.

Signature

| | | | | | |
|-------|---------------------------------|---|---------------------------------|---|-----------------------------------|
| Date | <input type="text" value="DD"/> | / | <input type="text" value="MM"/> | / | <input type="text" value="YYYY"/> |
| Place | <input type="text"/> | | | | |
| | <input type="text"/> | | | | |

Signature of the insured