

Request for early payment or pledging

Employer

Company name: _____ Contract No.: _____

Insured person

Name: _____ Social insurance No.: 756. _____

First name: _____ Date of birth: _____

Address: _____ Marital status: _____

Postcode/Town: _____ Occupation: _____

Purpose of use

Request for early payment

Request for pledging

Amount of withdrawal or pledging: CHF _____

Date of payment or pledging: _____

Purchase or construction of a residential property

Acquisition of shareholdings in home ownership

Repayment of the mortgage used to finance the acquisition

Other (e.g. construction work): _____

Object of property

Apartment

Family house

Other

Address: _____

Postcode/Town: _____

Payment / pledge recipient

Notary

Lender

Property developer

Secured creditor

Name: _____

Address: _____

Postcode/Town: _____

Payment details

Name of bank: _____

Account (IBAN): _____

BIC, if abroad: _____

Previous requests

Were part of the vested benefits withdrawn in advance? yes no

Have the accrued assets or benefit entitlement already been pledged? yes no

If yes:

Amount: CHF _____ Date: _____

Données complémentaires

In order to comply with Art. 11 let. c OEPL/WEFV, the insured person requests that his/her records be sent to Groupe Mutuel Vie SA, to assess whether it is possible to fill any pension provision gaps resulting from the early payment?

yes no

Do you have your full working capacity? yes no

Have you repurchased any pension contributions since 1 January 2006? yes no

If yes:

Amount: CHF _____ Date: _____

Enclosures (depending on your project)

- Copy of the pledging, business, purchase or loan agreement
- Extract from the Cadastre or land register mentioning the property
- Application to register the sales restriction in the land register
- Other

Declaration of the insured person

- I certify that this information is accurate and complete.
- I declare that I am aware of the effects of a withdrawal/pledging on the benefits I would be entitled to in the event of an insured event.
- I confirm that I will use the dwellings for my own needs at my usual place of residence.

Place and date:

Signature of the insured person:

Place and date:

Signature of the spouse or registered partner*:

*At the time of the lump sum payment, the legalized signature (before a notary, justice of the peace, etc.) of the spouse or registered partner will be requested, for agreement.