

Request for calculation of the maximum repurchase

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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.	<input type="text"/> <input type="text"/> <input type="text"/>	CHF <input type="text"/> . <input type="text"/>
2.	<input type="text"/> <input type="text"/> <input type="text"/>	CHF <input type="text"/> . <input type="text"/>

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

D D / M M / Y Y Y Y

☐ 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 / /

Place

Signature of the insured