

PERSONAL DET	AILS OF THE INSURE	C				
Last, first name:	Date of birth:					
E-mail:						
Address:						
Civil status:	single married divorced widow(er) registered partnership dissolved partnership					
INFORMATION C	ONCERNING 2ND PIL	LAR ASSETS				
Have you benefite yet repaid?	ed from an advance pay	yment for the purchas	se of housing that you have not	yes	🗌 no	
Have you ever repension institution	yes	no				
Do you have one or more vested benefits policy(s) or accounts?				🗌 yes	🗌 no	
If yes, please attac	ch the bank statement a	and complete the follow	wing information:			
Name and add	ess of bank/insurance		Vested benefit on 31.12	<u>.</u>		
1						
			CHF			
2.						
			CHF			
INFORMATION C		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 encl						
COMPLEMENTA	RY INFORMATION IN (CASE OF ARRIVAL F	ROM ABROAD			
Did you arrive from	🗌 yes	🗌 no				
If yes, date of arriv		fund in Switzerland bo	fore leaving for abroad?			
	ide your last insurance of		-	yes	l no	
We draw your atte	ention to the fact that th	ne required enclosure	s must imperatively be included	with your re	quest failing	

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.

Place, date:	Sig	gnature of the i	nsured: