



Notice of enrolment

Company _____ Contract no. _____

Personal details of person joining

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street / no. _____ Post code/city _____

E-Mail _____ Mobile no. for mTAN _____
(required for identifying users for internet access) (required for identifying users for internet access)

Correspondence language g f i e Gender M F

Marital status Single Widowed Partnership dissolved by death Married Registered partnership
 Cohabiting*
Date of marriage/registration of partnership _____

Divorced Legally dissolved partnership
Date of divorce/dissolution of partnership _____

Dependants Yes No

Enrolment data

Category _____ Company joined _____

Level of employment _____ % Start of insurance _____

AHV annual salary CHF _____ Personnel number _____

Will the person to be insured also be included in another pension scheme (basic pension scheme, managers' pension scheme, supplementary pension scheme, etc.)? Yes No

If yes, which? _____

Capacity for work

Is the person to be insured fully able to work and/or employable at present and when the insurance begins? Yes No

If no: level of disability _____ % Since when? _____

Is the appointment the result of professional retraining by the Federal Disability Insurance (IV)? Yes No

According to the general framework regulations, any vested benefits from previous 1e pension relationships have to be brought into the Swisscanto 1e Collective Foundation. To enable the transfer, the „Transfer of vested benefits“ form must be given to the current pension fund. The separate health questionnaire has to be completed and submitted by the person to be insured.

Place, Date _____ Stamp and signature of company _____

* Please refer to the separate "Partnership Registration" form and "Declaration on distribution of death benefit" form for the applicable pension scheme.