



Health declaration

Personal details of insured person

Surname _____ First name _____
Employer _____ Social insurance no. 756. _____

Health declaration

Do not specify the medical treatment or work incapacity related to an appendicitis, tonsils, dental care, contraception, childbirth.

1. Are you currently and at the beginning of the insurance cover not capable to work (fully or partially)? Yes No
If yes, Degree of incapacity of work (%) _____ Since when? _____

2. Have you applied for benefits from a social security institution (IV/AI, UVG/LAA, MV/AM) Yes No
or any other insurance company? (If decision available, please enclose.)
If yes, at which one(s)? _____

3. Height _____ cm Weight _____ kg

4. Do you currently take or have you been prescribed any medication? Yes No
If yes, from (date) _____ to _____
What kind and why? _____
Physician (full address) _____

5. Are you following or due to follow a treatment related to alcohol or drugs consumption, Yes No
or have you been advised to do so?
If yes, from (date) _____ to _____
What kind? _____

6. Do you suffer or have you, in the past 5 years, suffered from any physical, Yes No
psychological or mental illness, impairment or disorder? If yes, what kind?
Do you suffer from the consequences of an accident, an illness or an infirmity?

| Type of illness / accident / infirmity, treatment, examinations | From / until | Duration of incapacity for work | Treating physician or hospital (incl. full address and hospital department) | Fully recovered? Yes / No |
|---|--------------|---------------------------------|---|---------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

The foundation reserves the right to examine a relevant medical report prior to admitting the person to be insured to the contractual insurance benefits.

Previous employee benefits coverage (to be filled in only in case of new admission to the employee benefits institution)

Was there a **proviso** or a **supplementary premium** in force for health reasons at the previous employee benefits institution? Yes No

If yes, since when? _____ Reason? _____

Previous employee benefits institution (incl. address) _____

Please enclose the certificate of the previous employee benefits institution showing the death and disability benefits insured.

Have any claims to employee benefits or to vested benefits ever been pledged? Yes No

If yes, to whom? _____

Has any full or partial advance withdrawal of vested benefits been made? Yes No

When? _____ CHF _____

Declaration regarding the obligation of disclosure and data protection

I hereby declare to have answered all the questions on this form truthfully and completely. I am aware that any violation of the duty of disclosure can result in a reduction or refusal of benefits and that compensatory damages may be claimed. By signing this form, I authorise the employee benefits institution respectively Swiss Mobiliar Life Insurance Company Ltd, Nyon (referred to as "La Mobilière" below), to process the data necessary for the risk examination, the fulfilment of the group life insurance contract and the assessment of any claim to benefits (e.g. name, date of birth, etc.). La Mobilière is authorised to obtain relevant information, especially with regard to risk assessment and the handling of claims to benefits, about my former claims experience from previous insurer(s) or from third parties, in particular from medical practitioners and their auxiliary staff, authorities and social security institutions, as well as any employee benefits institutions to whom I am or was affiliated. If necessary for the purpose of assessing risk and/or the entitlement to benefits, this authorisation also extends to the procurement of particularly confidential personal data (such as health-related data) and personality profiles and/or the right to inspect official documents. For this purpose, I explicitly release medical practitioners and their auxiliary staff from the obligation of maintaining professional secrecy. If the fulfilment of the group life insurance contract or the handling of claims to benefits require coordination with other employee-benefit-related contracts through which I am insured at La Mobilière, I authorise La Mobilière to transmit personal data (including particularly confidential personal data such as health-related data) for processing to third parties in Switzerland and abroad who are involved in the group life insurance contract or any other employee-benefit-related contract through which I am insured at La Mobilière, in particular to co-insurers and reinsurers, as well as to employee benefits institutions to whom I am or was affiliated and to La Mobilière Group companies involved in the processing of the insurance.

Place, date

Signature of person to be insured

Swisscanto 1e Collective Foundation
P.O. Box
8021 Zurich

Risks and costs of investment strategies

A key feature of the 1e pension solution is that insured persons can choose their own investment strategy within the given investment products. „1e“ refers here to Article 1e of the Occupational Pension Ordinance (OPO 2 Art. 1e) that describes the possibility of choosing investment strategies.

Under the law (VBA Art. 19a (2)), the pension scheme is obliged to inform the insured members about the risks and costs of the investment strategies. The insured person must **confirm in writing** that they have received this information.

We provide all information on an investment product (including costs) through factsheets. You have access to the factsheets on current and future investment products via the VE2000i 1e (Login for insured persons) web portal. The reported costs are not charged separately but are included in the purchase or sale price.

The investment products that you can choose from in the web portal VE2000i 1e are divided by risk class. You can compare these risk classes with your risk profile. The risk profile is determined by a questionnaire that you complete (or have already completed) during your first visit. If necessary, you can complete the questionnaire again at any time to redefine your risk profile. Depending on your situation – at present or in view of foreseeable changes (e.g. retirement, divorce, advance withdrawal to finance residential property, etc.) – it is a good idea to review the selected investment strategy from time to time. The outcome of an updated risk assessment may lead to a change in investment strategy.

The risk profile does not determine the potential choice of investment products! You can always choose from all investment products regardless of their risk class. Should you select an investment strategy with an equity component of more than 50%, the exposure pursuant to Art. 50 para. 4 BVV 2 will be higher than for traditional investment strategies subject to the category limits of Art. 55 BVV 2. This will result in higher fluctuations in value.

I hereby acknowledge that I have received information on the costs and risks of an investment strategy through factsheets and that I have access to them via the VE2000i 1e (Login for insured persons) web portal. I also acknowledge that there may be losses as well as gains with every investment strategy, which must be borne by me. There is no solidarity in terms of investment risk and there is no claim to minimum interest or to a nominal value guarantee. The investment strategy can only be changed after the Foundation has received this signed form. Until then, the funds will remain invested in the low-risk strategy.

Insured person:

First name

Surname

Place, date

Signature

Swisscanto 1e Collective Foundation
P.O. Box
8021 Zurich