



Voluntary purchase

Company _____ Contract no. _____

Personal details of insured person

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street/no. _____ Post code/city _____

Would you like

- a purchase to be included in calculation of the retirement benefits as specified by the regulations
 Yes No
- a buy-out to be included in calculation of compensation for the reduction in benefits due to early retirement
 Yes No
 Age 64 Age 63 Age 62 Age 61 Age 60 Age 59 Age 58

Have you made a withdrawal for residential property in the past that has not yet been repaid? Yes No

If yes, please state the date of the withdrawal and the sum.

Date _____ CHF _____

Do you have any other vested benefits accounts or policies?
(Please submit statements) Yes No

Balance/surrender value as per 31.12. of the previous year _____

Name/address of bank and/or insurance company _____

Any vested benefits from previous 1e pension relationships (BVV2 Art. 1e) as well as any assets from vested benefits accounts and/or policies that have not yet been registered must be contributed to the foundation in accordance with the general framework regulations of the Swisscanto 1e Collective Foundation.

Persons from abroad

Did you move to Switzerland after 1 January 2006?

Yes No

If yes, when?

Date _____

Had you previously been insured with a Swiss pension scheme?

Yes No

(Please enclose copies of insurance certificates and opt-out statements).

Complete only if previously self employed

Do you have a pension account or policy as part of the linked pillar 3a?

Yes No

Balance/surrender value as per 31.12. of the previous year

Name/address of bank and/or insurance company

Information in the event of drawing a retirement pension or capitalisation of the retirement pension

Are you already drawing a retirement pension?

Yes No

Have you capitalised all or part of your retirement pension?

Yes No

Date of early (partial) retirement

Amount of retirement pension

Amount of capital capitalised

I hereby confirm that all the information I have given is true, correct and complete and that I have read and understood the information sheet on purchases.

Place, date

Signature of insured person

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