



Application for an advance withdrawal

Company _____ Contract no. _____

Personal details of insured person

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street/no. _____ Post code/city _____

Marital status ☐ Single ☐ Cohabiting ☐ Married ☐ Divorced ☐ Widowed
☐ Registered partnership ☐ Legally dissolved partnership ☐ Partnership dissolved by death

Tel. no. (daytime) _____

E-mail _____

Are you fully employable and/or capable of working? ☐ Yes ☐ No

Have you made an advance withdrawal in the last five years? ☐ Yes ☐ No

I already have a current pledge: ☐ Yes ☐ No

In the last three years have you voluntarily bought in to the pension fund? ☐ Yes ☐ No

Purpose of advance withdrawal

- ☐ To set up residential property as builder-owner or as part of a contract for work and services (Enclosures: contract for building finance, contract for work and services, building plans, planning permission, confirmation of use from the bank, confirmation of place of residence)
- ☐ To acquire residential property (Enclosures: notarised contract of sale, confirmation of use from the bank, confirmation of place residence, mortgage contract)
- ☐ To amortise an existing mortgage (Enclosures: extract from land register, mortgage contract, confirmation of use from the bank, confirmation of place of residence)
- ☐ To acquire shares in a building cooperative (Enclosures: building cooperative regulations, rental agreement, participation certificates, confirmation of place of residence)
- ☐ To make an investment or carry out renovations/conversion which will increase the value (Enclosures: detailed building plan/ renovation designs, extract from land register, confirmation of use from the bank, confirmation of place of residence, list of costs, quotations)

Information on the advance withdrawal

I am applying for an advance withdrawal

☐ of the maximum amount possible

☐ of CHF

☐ Date of the transfer of ownership

☐ Desired payment date (earliest 1 month before transfer of ownership)

Information regarding ownership status

☐ Sole ownership

☐ Co-ownership of _____ %

☐ Joint ownership

Supplementary insurance

I would like to arrange a supplementary insurance policy

☐ Yes

☐ No

Bank details/name of bank

(please enclose payment slip)

Name of bank/post office

Address of bank

IBAN number

SWIFT / BIC

Account holder

Relevant authorities/land registry

Land registry

Post code/city

Land registry

Plot no.

Notes/comments/declaration

In the event of insured persons who are married or living in a registered partnership, an advance withdrawal is permissible only with the written agreement of the spouse and/or registered partner. The signature of the spouse and/or registered partner must be notarised or witnessed by a member of HR services and confirmed accordingly.

We require single persons and persons not living in a registered partnership to provide a current certificate of civil status. This can be obtained from your relevant registry office.

I hereby confirm that I have read and understood the information sheet on advance withdrawals and that the advance withdrawal will be used for residential property that I shall be using personally.

I am aware that I cannot pay any tax liability incurred due to the advance withdrawal from the sum withdrawn.

Furthermore I consent for the Swisssanto Flex Collective Foundation to submit the declaration to be included as a note in the land register. The fee for entry and cancellation of the restriction on disposal will be incurred by myself.

Place, date

Signature of insured person

Signature of spouse/registered partner

Signature of witness/notary

Swisssanto 1e Collective Foundation
Office
P.O. Box
8152 Glattbrugg