



Voluntary Purchase

Company _____ Contract no. _____

Details of insured person

Surname _____ First name _____

Date of birth _____ Social security no. 756. _____

Street/No. _____ Postcode, City/Town _____

Are you requesting calculation

– 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

☐ Alter 64 ☐ Alter 63 ☐ Alter 62 ☐ Alter 61

☐ Alter 60 ☐ Alter 59 ☐ Alter 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 benefit accounts or policies?
(Please submit statements)

☐ Yes ☐ No

Balance/surrender value as at 31/12 of previous year _____

Name and address of bank or insurance company _____

Any vested benefits from previous 1e pension relationships (BVG 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 here from abroad 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 a pension policy as part of restricted pillar 3a?

☐ Yes ☐ No

Balance/surrender value as at 31/12 of previous year _____

Name and address of bank 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 old-age pension _____

Amount of capital withdrawal _____

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
Office
P.O. Box
8152 Glattbrugg