swisscanto

Swisscanto
1e Collective Foundation

Voluntary purchase

Company _____

Personal details of insured person

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street/no. _____ Post code/city _____

Phone _____ Email _____

Reason for purchase

☐ Purchase of maximum pension benefits

☐ Purchase for early retirement at age*: ☐ Age 64 ☐ Age 63 ☐ Age 62 ☐ Age 61
☐ Age 60 ☐ Age 59 ☐ Age 58

* Purchases for early retirement can only be made once the maximum pension benefits have already been purchased in full. The details of the purchase of maximum pension benefits are set out in your pension certificate.

Have you withdrawn pension capital in advance for residential property and this has not yet been repaid? ☐ Yes ☐ No

If yes, please provide the date and amount of the advance withdrawal

Date _____ CHF _____

Do you have other vested benefits accounts or policies? ☐ Yes ☐ No
(If yes, please submit statements)

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

Are you currently registered with another occupational benefits insurance institution? ☐ Yes ☐ No
(If yes, please submit a copy of the latest pension certificate)

Any vested benefits from previous pension relationships and as yet unnotified balances of vested benefits accounts and/or policies must be transferred to Swisscanto 1e Collective Foundation in accordance with the General Framework Regulations.

Persons from abroad

Did you move to Switzerland from abroad after 1 January 2006? ☐ Yes ☐ No

If yes, when? Date _____

Were you ever insured with a Swiss pension fund before? ☐ Yes ☐ No
(If yes, enclose copies of insurance certificates and departure statements)

Information only for former self-employed persons

Do you have a tied 3a pension account or pension policy? ☐ Yes ☐ No
(If yes, please submit statements)

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

Information only for recipients of a retirement pension or retirement lump-sum

Do you already receive a retirement pension? ☐ Yes ☐ No

Have you opted for the lump-sum payment of your retirement pension or a part thereof? ☐ Yes ☐ No

Date of early (semi-)retirement _____

Amount of retirement pension _____

Amount of lump-sum payment _____

I herewith confirm that all the information is true, complete and accurate and that I have taken note of the information sheet on the purchase of additional benefits.

_____ _____

Place, date Signature of the insured person

Swisscanto 1e Collective Foundation
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