

Entry Declaration

Personal data :

Date of entry to the foundation : _____

Pension plan : _____

Employer : _____

Surname : _____

Forename : _____

Address : _____

Gender : Female Male Date of birth : _____

N° AVS : _____

Marital status : Single Married Widow(er) Divorced Registered partnership

Dissolved partnership

Date of birth of spouse : _____

Date of marriage / partnership : _____

Surname and forename of spouse / partner : _____

For wives, please state the maiden name

If divorced, date of divorce / dissolution of the partnership : _____ (obligatory)

Activity rate : _____ %

Monthly salary CHF _____ paid _____ times

Additional allowances CHF _____

Total annual salary CHF _____

Withdrawal or pledge for home ownership (EHO) :

Has the entitlement to pension benefits been pledged ? No Yes

If yes, please attach a copy of the pledge contract

Has the person to be insured received an advance payment of part of his/her vested benefit ?

No Yes

If yes, date and amount of the advance payment ?

Date : _____ Amount: CHF _____ amount of the LOB part : CHF _____

Date of the first affiliation to the compulsory insurance in Switzerland pursuant to the LOB : _____

Place and date :

Stamp and signature of the employer :

Administrative address

Fondation Patrimonia

Rue Saint-Martin 7
CH-1003 Lausanne

Headquarter

Fondation Patrimonia

Rte François-Peyrot 12
CH-1215 Genève 15

info@patrimonia.ch
T +41 58 806 08 00



Health declaration to be filled by the insuree from an annual salary of CHF 200'000:

This declaration must be sent under confidential cover to : Fondation Patrimonia, To the medical advisor,
Rue Saint-Martin 7 1003 Lausanne

Questions addressed to the person to be insured : Surname, Name : _____

Please answer each of the questions below separately, accurately and completely :

In case of an inaccurate or incomplete declaration, the Patrimonia Foundation may reduce the benefits or refuse to pay them pursuant to the legal provisions.

① Have you had any health issues during the 5 years prior to the commencement of the insurance, which have led to unfitness for work for a period exceeding 3 weeks or do you have any health issues at present ?

Yes No If yes, which ? _____

② Are you currently receiving treatment from a doctor, a psychotherapist and/or a chiropractor ?

Yes No If, yes, from whom ? _____

Name : _____ Address : _____

③ Are you taking medication ? Yes No

If yes, which ? _____

Treating physician or medication prescribed by : Name : _____

Address : _____

④ Do you receive benefits from the DI, military insurance, accident insurance, benefits under the LOB or from another insurance scheme or have you made an application for such benefits ? Yes No

If yes, at which scheme ?

Name & address : _____

For what degree of disability ? : _____ Annual amount in CHF ? _____

Please attach the decisions of these schemes to this application for affiliation

Vested benefit from the previous pension plan :

If the insured person joins a new pension scheme, the previous pension scheme must pay the leaving benefit to this new scheme (Article 3 par. 1 of the Federal Law on Vesting in Occupational, Survivors' and Disability Pensions (LFLP)).

Transfer to : Patrimonia Foundation, UBS / 8098 Zürich, Account No IBAN : CH68 0024 0240 7589 1200J

A copy of the leaving certificate from the previous scheme must be sent to Patrimonia Foundation.

A receipt will be sent to you when the funds are credited to the foundation's account

Declarations :

The undersigned person releases the DI, military insurance, accident insurance, health insurance, foreign social insurance schemes, all the doctors and hospitals as well as any other persons from the duty of professional confidentiality towards the Patrimonia Foundation. The undersigned person allow the aforementioned institutions and the persons named to provide the Patrimonia Foundation with all the information that is necessary for the occupational pension application and to allow the Foundation to have access to the files.

Only the necessary information will be requested and the Patrimonia Foundation will manage all data in a strictly confidential manner. The concerned data will be used only for the pension scheme contracts.

If, at the date of entry, the insuree give inaccurate declaration about his health condition, his/her benefits in case of disability or death will be limited to the minimum under LOB. These benefits are increased if the insuree transfer to the Foundation a vested benefit higher than the minimum LOB.

Place and date : _____

Surname, forename and signature of the person to be insured
(or the legal representative (parents/guardian) for minors):

Administrative address

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