

Questionnaire on voluntary contributions in occupational benefit plan

Surname and first name: _____ Company: _____

Please complete the following questionnaire by ticking the appropriate responses:

1. Do you still have vested benefits policies or accounts?

- No. I do not have vested benefits policies or accounts within the framework of the 2nd pillar.
- Yes. I have the following vested benefits policies/accounts with institutions (please attach the corresponding statements):

Balance/ value at 31.12....	Name and address of bank/ insurance company

→ these amounts must be paid to the pension fund **before** the voluntary contribution

2. Have you received an advance withdrawal for home ownership as part of occupational benefit plan?

- No.
- Yes. When and how much?

Date	Amount

Has this amount been totally reimbursed to the pension fund ? Non Oui

→ A voluntary contribution is only possible when the withdrawal is totally paid back

3. Have you ever been self-employed and Pillar 3a contributions during this period?

- No.
- Yes. I have the following 3a policy(ies) or account(s) (attach certificates/tax certificates):

Balance/ repurchase value at 31.12....	Name and address of bank/ insurance company

4. Did you arrive from a foreign country after the 31.12.2005? No Yes

If yes:- at which date? _____

on what date did you first insure under the Swiss occupational benefits system? _____

5. Are you in receipt of retirement benefits (retirement pension) or have you already received retirement benefits (retirement capital) receiving pension (retirement benefits) or have you already received retirement benefits (lump-sum capital) under any other pension scheme?

- No.
- Yes, (attach certificate mentioning the amount of the lump sum/annuity and the retirement date)

Important: Please note that, according to the art.79b al.3 of the LPP/BVG, the benefits resulting from a voluntary payment cannot be paid in the form of capital before a delay of three years. Moreover, the tax authorities do not necessarily allow the deductibility of the repurchase. Please contact your local tax authority to make sure you can deduct your voluntary payment.

By signing below I confirm that my responses are truthful.

Place and date:

Insuree's signature:
