



Notification of entry

Company _____ Contract no. _____

Personal details of new entrant

Last name _____ First name _____

Date of birth _____ Social security number 756. _____

Street/no. _____ Postcode/Town _____

Gender M F

Language for correspondence D F I E

Civil status single partnership* divorced widowed married registered partnership

Date of marriage/registration of partnership _____

Duty of maintenance yes no

Does the person to be insured have full earning capacity and/or are they fully capable for work? yes no

Entry data

Category _____ Entered company _____

Degree of employment _____ % _____ Start of insurance _____

AHV annual salary CHF _____ Personnel no. _____

Will the person to be insured also be included in another pension scheme (managers' pension scheme, supplementary pension scheme, etc.)? yes no

If yes, which? _____

Is there any advance withdrawal or pledge? yes no

Were any purchases made in the last 3 years? yes no

Any vested benefits from previous pension relationships as well as any assets from vested benefits accounts and/or policies that have not yet been registered must be brought into the foundation in accordance with the general framework regulations of the Swisscanto Flex Collective Foundation.

Zürcher Kantonalbank
P.O. Box, 8010 Zurich
Account: 1100-1849.109

Account in the name of Swisscanto Flex Collective Foundation
of the Cantonal Banks
IBAN: CH61 0070 0110 0018 4910 9

Place, date

Stamp and signature of company

* Please note the separate form „Registration of a life partnership“ and „Declaration on distribution of death benefit“ in the valid pension plan.

Information regarding state of health

Last name _____ First name _____

Company _____

During the last 5 years, did you have any health problems or complaints that resulted in a full or partial incapacity for work of more than 3 weeks, or do you have any health problems or complaints at the moment? yes no
If yes, what? _____

Are you or have you been in the last 5 years under medical investigation, receiving medical treatment and/or checks by a doctor or another medical specialist (e.g. psychologist, psychotherapist, chiropractor, osteopath, physiotherapist, etc.)? yes no

In the last 5 years have you been examined, treated or operated on in a hospital or another medically run institution? yes no

Details about the last two questions:

For which illnesses or complaints, etc.?	From when to when?	Comments	Name and address of treating physicians, specialists and/or hospitals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you take any medication on a regular basis (excluding contraceptive pills)? yes no

If yes, which? _____ Doctor providing treatment _____

Exact address _____

Is there a health reservation from your previous pension fund? yes no
(If yes, please enclose a copy of the health reservation letter in a sealed envelope.)

Have you been in receipt of benefits in the last 5 years in accordance with the federal IV, MVG, UVG, BVG, a foreign social security insurance or another insurance, or have you applied for benefits? yes no
(Please enclose copies of the decisions of the named institutions.)

If yes, from which? _____ If yes, for which level of IV? _____

Duration of benefit receipt? From _____ to _____ Annual pension or daily benefits allowance _____

Release from professional and/or official confidentiality/permission to inspect files

The above questions must be answered truthfully. In the event of a violation of the obligation to notify or of incomplete information, Swisscanto Flex Collective Foundation and/or its reinsurer may reduce or refuse benefits in accordance with the statutory provisions. The person to be insured authorises the Swisscanto Flex Collective Foundation and its reinsurer to obtain reports from its company medical officers as required and to obtain directly all the information required to check the acceptance and benefit entitlement from all the doctors that have ever treated the person to be insured, from all the carriers with which the insured person was insured as well as from the relevant IV office and the compensation fund. The insured person hereby releases these persons/offices from their duty of professional secrecy and their obligation to maintain confidentiality. Only information that is strictly necessary will be collected and all the data will be handled with the utmost confidentiality by Swisscanto Flex Collective Foundation and its reinsurer. The relevant data will be used exclusively for the contractual processing of the occupational benefits insurance.

Place, date

Signature of the person to be insured

Swisscanto Flex Collective Foundation of the Cantonal Banks, Stockerstrasse 33, P.O. Box, 8021 Zurich