



## Voluntary purchase

Company \_\_\_\_\_ Contract no. \_\_\_\_\_

### Personal details of insured person

Surname \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social insurance no. 756. \_\_\_\_\_

Street/no. \_\_\_\_\_ Post code/city \_\_\_\_\_

Would you like

- 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  
 Age 64     Age 63     Age 62     Age 61     Age 60     Age 59     Age 58
- a buy-out to be included in calculation of compensation for the reduction in benefits due to drawing an AHV bridging pension  
 Yes     No

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 benefits accounts or policies?  
(Please submit statements)     Yes     No

Balance/surrender value as per 31.12. of the previous year \_\_\_\_\_

Name/address of bank and/or insurance company \_\_\_\_\_

**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 contributed to the foundation in accordance with the general framework regulations of the Swisscanto Flex Collective Foundation.**

Please transfer any vested benefits that you have not contributed to your pension fund to the following account:

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

Payable to Swisscanto Flex Collective Foundation  
of Cantonal Banks  
IBAN no.: CH61 0070 0110 0018 4910 9

**Persons from abroad**

Did you move to Switzerland 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 policy as part of the linked pillar 3a?

Yes  No

Balance/surrender value as per 31.12. of the previous year

\_\_\_\_\_

Name/address of bank and/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 retirement pension

\_\_\_\_\_

Amount of capital capitalised

\_\_\_\_\_

**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 Flex Collective Foundation  
of Cantonal Banks  
Stockerstrasse 33  
P.O. Box  
8021 Zurich