



Voluntary Purchase

Company _____ Contract no. _____

Details of insured person

Surname _____ First name _____

Date of birth _____ Social security no. 756. _____

Street/No. _____ Postcode, City/Town _____

Are you requesting calculation

- | | | |
|--|-----------------------------------|---|
| – of a purchase in relation to regulatory old-age benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – of buying back a benefit shortfall in the event of early retirement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Purchases to count for early retirement are only possible when there is no more capacity for the purchase of maximum benefits. | <input type="checkbox"/> Alter 64 | <input type="checkbox"/> Alter 63 <input type="checkbox"/> Alter 62 <input type="checkbox"/> Alter 61 |
| | <input type="checkbox"/> Alter 60 | <input type="checkbox"/> Alter 59 <input type="checkbox"/> Alter 58 |
| – of buying back a benefit shortfall due to drawing an AHV bridging pension? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you drawn on pension capital in the past for home ownership and which has not yet been reimbursed? ☐ Yes ☐ No

If Yes then please indicate the amount and date of withdrawal

Date _____ CHF _____

Do you have any other vested benefit accounts or policies?
(please supply account statements) ☐ Yes ☐ No

Balance/surrender value as at 31/12 of previous year _____

Name and address of bank or insurance company _____

Any existing vested benefits from previous pension arrangements as well as credit balances from vested benefit accounts or policies that have not yet been reported must be contributed as per the Swisscanto Flex Collective Foundation general framework regulations.

Please use the same bank details given on page 2 for the transfer of vested benefits.

Moving from abroad

Did you move here from abroad after 1 January 2006?

☐ Yes ☐ No

If Yes, when?

Date _____

Were you previously already insured with a Swiss pension fund?
(Please enclose insurance certificates and termination statements)

☐ Yes ☐ No

Details only for former self-employed persons

Do you have a pension account or a pension policy as part of restricted pillar 3a?

☐ Yes ☐ No

Balance/surrender value as at 31/12 of previous year _____

Name and address of bank or insurance company _____

Details if drawing an old-age pension or have capitalised an old-age pension

Are you already drawing an old-age pension?

☐ Yes ☐ No

Have you capitalised all or part of an old-age pension?

☐ Yes ☐ No

Date of early (partial) retirement _____

Amount of old-age pension _____

Amount of capital withdrawal _____

I hereby confirm that all information given is truthful, complete and correct and that I have read and taken note of the information sheet on purchases.

Place, date

Signature of insured person

Please use the following bank details for transferring the purchase amount:

Zürcher Kantonalbank
PO box, 8010 Zürich
Account: 1100-1849.109

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

Swisssanto Flex Collective Foundation of the Cantonal Banks, Office, P.O. Box, 8152 Glattbrugg
flex@pfs.ch