swisscanto

Swisscanto
Flex Collective Foundation

Notification of entry

Company _____ Contract no. _____

Personal details of new entrant

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street/no. _____ Post code/city _____

Email _____ Phone _____

Gender ☐ M ☐ F

Language for correspondence ☐ D ☐ F ☐ I ☐ E

Civil status ☐ single ☐ 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

Swisscanto Flex Collective Foundation of the Cantonal Banks
Office
P.O. Box
8152 Glattbrugg
043 210 19 00
flex@pfs.ch

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