

Application to SVE for a change in savings contribution scale

 Zürcherstrasse 12
 Postfach
 8401 Winterthur
 Schweiz
 www.sve.ch

Last name / First name:	Personnel no.:
Address:	

I herewith apply for a change in savings contribution scale pursuant to Art. 8 para. 2 / Appendix 1 of the SVE Rules:

 effective 01.01.2017 (SVE to be notified by no later than **20.12.2016**)

Please place a cross by the scale required:
 Basic plan

Amount of contributions as % of insured salary pursuant to Art. 8 para. 2/Appendix 1						
Age	Savings contributions		Risk contributions		Total	
	Insured	Company	Insured	Company	Insured	Company
- 24	-	-	0.9	1.3	0.9	1.3
25 - 31	6.1	8.7	0.9	1.3	7.0	10.0
32 - 41	7.1	10.2	0.9	1.3	8.0	11.5
42 - 51	8.1	11.7	0.9	1.3	9.0	13.0
52 - 65	9.1	13.2	0.9	1.3	10.0	14.5
65 - 70	6.1	8.7	0.0	0.0	6.1	8.7

 Comfort plan

Amount of contributions as % of insured salary pursuant to Art. 8 para. 2/Appendix 1						
Age	Savings contributions		Risk contributions		Total	
	Insured	Company	Insured	Company	Insured	Company
- 24	-	-	0.9	1.3	0.9	1.3
25 - 31	7.4	8.7	0.9	1.3	8.3	10.0
32 - 41	8.7	10.2	0.9	1.3	9.6	11.5
42 - 51	9.9	11.7	0.9	1.3	10.8	13.0
52 - 65	11.2	13.2	0.9	1.3	12.1	14.5
65 - 70	7.4	8.7	0.0	0.0	7.4	8.7

 Superplan

Amount of contributions as % of insured salary pursuant to Art. 8 para. 2/Appendix 1						
Age	Savings contributions		Risk contributions		Total	
	Insured	Company	Insured	Company	Insured	Company
- 24	-	-	0.9	1.3	0.9	1.3
25 - 31	8.7	8.7	0.9	1.3	9.6	10.0
32 - 41	10.2	10.2	0.9	1.3	11.1	11.5
42 - 51	11.7	11.7	0.9	1.3	12.6	13.0
52 - 65	13.2	13.2	0.9	1.3	14.1	14.5
65 - 70	8.7	8.7	0.0	0.0	8.7	8.7

Place, date: _____ **Signature:** _____