

## Purchase of additional pension fund benefits Confirmation

Zürcherstrasse 12  
Postfach  
8401 Winterthur  
Schweiz  
www.sve.ch

### Personal details

Last name / First name

Personnel no.

Address

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### Confirmation

Various legal requirements must be complied with when additional pension fund benefits are purchased. We therefore ask that you kindly answer the following questions:

#### 1. Pillar 2 vested benefits

Do you have any other Pillar 2 assets with a vested benefits institution (vested benefits account with a bank and/or vested benefits policy with an insurance company) or at an occupational benefits institution that relate to a former employment relationship?

**no**      **yes**

If yes,

please specify the total amount of assets as at December 31 of the prior year: CHF  
and append the current certificate/confirmation for your accounts/policies.

#### 2. Self-employment

Have you ever been self-employed and contributed to a Pillar 3a scheme?

**no**      **yes**

If yes,

please specify the total amount of assets as at December 31 of the prior year: CHF  
and append the current certificate/confirmation for your 3a accounts.

#### 3. Move to Switzerland from abroad

Have you moved to Switzerland in the last five years and had never been a member of a Swiss pension fund prior to this?

**no**      **yes**

If yes, please specify the date when you moved to Switzerland:

Date

#### 4. Advance withdrawals to finance property

Did you make advance withdrawals from (former) pension funds and/or vested benefits institutions to finance property and have not yet repaid it or not repaid it in full?

**no**      **yes**

If yes, please append documents confirming all the advance withdrawals carried out and repayments made.

**5. Payment of a retirement pension or retirement capital – retirement**

Are you already receiving from a pension fund a retirement benefit in the form of a pension or have you received retirement benefits as a lump-sum payment?

**no**            **yes**

If yes, please append the certificate from the pension fund detailing your retirement assets at the time of retirement.

**6. Ability to work**

Are you currently fully able to work?

**yes**            **no**

**7. Johann Jakob Sulzer Foundation (JJS)**

If you are additionally insured under the JJS, please specify the pension fund in which you wish to purchase additional benefits:

**SVE**            **JJS**

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**Please note**

After you purchase additional benefits, you may not withdraw any capital from your pension fund (advance withdrawal to finance property, lump-sum withdrawal of retirement capital instead of payment of a retirement pension, or cash payout of departure benefits) for a period of three years.

The pension fund gives no guarantee as to the tax deductibility of the purchases you make.

Purchases made by persons who are not fully able to work will be reversed in so far as the incapacity to work caused the disability.

Purchases must be transferred by mid-December at the latest.

**Signature**

By signing this document, I hereby confirm that the information I have provided is correct and that I have understood the contents of this form.

Place / Date

Signature

Please send the completed and signed form by postal mail to **Sulzer Vorsorgeeinrichtung, Postfach, 8401 Winterthur, Schweiz**, or by **e-mail** to your responsible **customer adviser**.