



teIICO

Pension solutions. Banking. Real estate.

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Application for purchasing additional benefits from the pension fund

Employer

Contract no.

Insured person

Mr Ms

Surname

First name

Street

Postcode, Place

Telephone W

E-Mail

Date of birth

Insured no.

Purchases are only processed after receipt of the completed and signed form!

Credit balances on vested benefits accounts and vested benefits policies are deducted from the maximum amount for which additional benefits can be purchased. Under certain circumstances, part of any Pillar 3a credit balance you may have is deducted from the purchase amount. Please note that after a voluntary purchase of additional benefits, you may not withdraw any of your vested benefits in the form of a lump sum for the next three years.

1. Do you have any vested benefits accounts or vested benefits policies in your name? Yes No
If yes, please enclose the latest statements for all vested benefits policies and accounts.

2. Have you ever made an advance withdrawal to finance residential property from a pension fund or a vested benefits account? Yes No

If yes: Date of advance withdrawal Amount

Have you repaid part or all of the advance withdrawal? Yes No

If yes: Date of repayment Amount

3. Do you draw or have you drawn retirement benefits? Yes No

If yes: Name of pension fund

Address

Telephone

4. Have you ever been self-employed? Yes No

If yes, do you have any Pillar 3 pension accounts or policies dating from this period? Yes No

If yes, please enclose the latest statements and tax certificates for all pension accounts and policies.

5. Did you move to Switzerland from abroad after 1 January 2006? Yes No

If yes: Date of move

Were you ever insured with a Swiss pension fund before? Yes No

If yes, please enclose insurance certificates or withdrawal statement.

We will send you a payment slip for the purchase of additional benefits after we have received and processed your application.

I confirm that I have answered all the questions truthfully.

Place, date

Signature of the insured person