

COPRE

REQUEST FOR CALCULATION OF MAXIMUM PURCHASE

Affiliated company: Contract No.:

Personal data of the insured person

Name and first name: Date of birth:

AVS No.: Gender: M F

Address:

Tel. private/mobile: Mail:

Civil status from: single married divorced

bound by a registered partnership partnership dissolved widow(er)

Information concerning the 2nd pillar capital and benefits

• Have you had to share your exit benefit due to a divorce? yes no

• Have you benefited from an advance payment for home ownership that you have not yet reimbursed? yes no

• Have you already received or do you currently receive a retirement benefit/ divorce pension from another pension fund? yes no

• Do you possess one or more vested benefit accounts/policies? yes no

If yes, please send us the current account extracts.

Information concerning the 3a pillar capital

Have you ever been self-employed after January 1, 1985? yes no

If so, did you contribute to Pillar 3a during this period? yes no

If so, please send us a statement of account or the buyback value of your policy per 31.12.

Additional information in the event of arrival from abroad

• Did you arrive from abroad within the last five years? yes no

If yes date of arrival in Switzerland:

• Were you already insured with a pension fund in Switzerland before your departure abroad? yes no

If yes, please enclose your last insurance certificate and/or the termination statement.

We draw your attention to the fact that the enclosures required must accompany your request, failing which we will be unable to inform you of the maximum purchase amount.

It is your responsibility to verify in advance the deductibility of your payment with the competent tax authority. **In no case does the Foundation guarantee the tax deductibility of purchases.**

Place and date: Signature of the insured person: