

# 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 2<sup>nd</sup> 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 account extracts and complete the following:

<u>Name and address of the banks/insurances</u>	<u>Vested benefit at 31.12</u>
.....	.....
.....	.....

### Information concerning the 3a pillar capital

Do you possess one or more 3a pillar accounts/policies?  yes  no

If **yes**, please send us the tax extracts/confirmations and complete the following:

<u>Name and address of the banks/insurances</u>	<u>Balance/buyback value at 31.12</u>
.....	.....
.....	.....

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### 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.

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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: .....