

**Questionnaire – “Purchasing regulatory benefits” and
“Purchases for early retirement”**

Surname _____ First name _____

Address _____ Postcode/town _____

Ways to contact me in case of any queries:

Tel. No. _____ E-mail _____

In accordance with the legal basis, **I hereby confirm that**
(please mark with an “X” as applicable)

1. no 2nd pillar vested benefits accounts exist
 the following 2nd pillar vested benefits accounts exist with vested benefits institutions
(please enclose excerpts):

Balance and surrender value as of 31/12..... Name/address of the bank/insurance company

2. **For persons who were previously self-employed**

- No pillar 3a vested benefits accounts exist
 The following pillar 3a accounts/policies exist (please enclose excerpts):

Balance and surrender value as of 31/12..... Name/address of the bank/insurance company

3. **If I have moved to Switzerland from abroad,**

- I did not move to Switzerland from abroad within the last five years
 I moved here on _____ and
 was already previously insured with a Swiss occupational benefits scheme (please enclose insurance certificates and/or leaving statements)

More questions to be answered

Are you currently fully fit for work and gainful employment? _____

Have you made any early withdrawals under legislation encouraging home ownership which are not yet fully repaid?

- Yes
- No

Do you currently receive a retirement pension from a pension fund or have you already made a lump sum withdrawal of your retirement assets?

- Yes (if so, please enclose a pension fund statement)
- No

The following details only need to be provided in case of “early retirement”:

A deposit may only be made into the separate “early retirement” account if the insured person has already purchased all the benefits under the regulations.

Preferred retirement age:

Age: _____ (at least 58 years old) Month: _____ (0-11)

All of the calculations made by AscARO are based on the information you provide. It is possible to change the planned early retirement age at a later date as long as it is permissible under the regulations and mathematically possible.

By signing this document, the insured person declares that they have read and understood the contents of this form and the “Purchasing regulatory benefits” or “Purchases for early retirement” information sheet and answered the questions truthfully.

Place/date

Signature of the insured person
