

Application to pledge assets for home ownership

Insured person	
First name	Date of birth
Last name	AHV/AVS no.
Address	Marital status
Postcode/place	Tel.
E-mail	
Voluntary buy-in contributions/early withdra	wals
☐ I have made a voluntary buy-in contribution t	to the pension fund in the last three years.
☐ I have already made an early withdrawal or pencouragement scheme.	pledged vested benefits under the home ownership
If you tick one of these two boxes we will have t	to clarify the matter further.
Desired amount	
☐ I wish to pledge CHF	
☐ I wish to pledge my current and future claims (subject to the legal maximum)	s to occupational benefits up to the value of my vested benefits
Pledgee (holder of pledge)	
Name	
Street address	Postcode/place
Address of property/new home address	
Street address	Postcode/place
Canton/country	Valid as of

8005 Zurich

Berufliche Vorsorge Prévoyance professionnelle Occupational pension



Form of own	ership	
☐ Sole owner	r	☐ Part owner
☐ Joint owne	r with spouse/partner	☐ Member of cooperative
Signature of	spouse/partner	
Place and date	е	Signature of spouse/partner
Confirmation	of accuracy	
I have read th	e information leaflet and accept its t	erms. I also confirm that the information provided on this form
is true and acc	curate, and that I am fully fit for work	Κ.
Place/date	Signature of member	