

Application for early withdrawal 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 w	ithdrawals	
Pursuant to pension law, buy-ins and to period of three years. Please note that is barred from lump-sum withdrawals for clarify the fiscal consequences of a lur. I have already made an early withdrawn encouragement scheme. A withdrawal	their interest income are not available for lump-sum withdrawals for a t, according to the pertinent fiscal jurisdiction, the entire savings capital for a period of three years. In any case, active members are required to mp-sum withdrawal and are solely responsible for such consequences. I under home ownership scheme is possible every five years. If the lee's written approval must be submitted.	
Desired amount		
Early withdrawal of CHF	(see information leaflet for minimum amount)	
Date of payment		
Month and year		
Payment details		
☐ Applicant's mortgage account	☐ Seller's account	
Bank/financial institution	IBAN no	
	In favour of	
Hitachi Group Supplementary Insurance Plan		



Purpose of ea	arly withdrawal			
	dential property or esidential property	☐ To invest in residential pro	perty	
☐ To buy sha	res in housing cooperative	☐ To repay mortgage		
Form of owne	ership			
☐ Sole owner		☐ Part owner at	%	
☐ Joint owner	with spouse/partner	☐ Member of cooperative		
Address of pr	operty/new home address			
Street address	:	Postcode/place		
Canton/country	ý	Valid as of		
Documents re	equired for a lump-sum payment			
Unmarried persons: enclose proof of marital status (not older than 6 months) Married persons and those in officially registered partnerships: consent to cash payment				
Place/date		Signature of spouse/partner		
Place/date		Official notarisation of signature or residents' registration office	• •	
Repayment of	f the early withdrawal			
-	If to notify the pension fund if the countries and will initiate the repayment of the		ntial property no longer exists.	
Confirmation	of accuracy			
	e information leaflet and accept its to curate, and that I am fully fit for work		rmation provided on this form	
Place/date	Signature of member			