

Voluntary contributions

Insured person

First name

Date of birth

Last name

AHV/AVS no

E-Mail

Please inform me of the purchase limit by e-mail.

yes

no

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Self-declaration – please answer all questions

1. Withdrawal of retirement benefits: I am receiving pension benefits from a different employee benefits institution (if yes, please attach a copy of the pension confirmation).

yes

no

2. Vested benefits accounts or policies: credit amounts on vested benefits accounts or policies will be deducted from the maximum possible purchase sum.

There are **no** vested benefit accounts or policies within the framework of pillar 2.

The following vested benefit accounts / policies exist within the framework of pillar 2 within vested benefit institutions (please enclose current statements).

3. Pillar 3a: I have worked in a **self-employed** capacity during which time I have paid contributions to pillar 3a (if applicable, please enclose current statements relating to the 3a accounts).

yes

no

4. Home Ownership: I have withdrawn part of the savings capital to purchase residential property home ownership. This withdrawal has not been repaid up until now. (If applicable, please enclose records of all withdrawals and repayments)

yes

no

5. Divorce: I have made a withdrawal as a consequence of a divorce / dissolution of a civil partnership and would like to make a renewed purchase in the context of the transfer of my vested benefits. (If applicable, please enclose a copy of the respective court decision)

yes no

Subsequent to the divorce withdrawal, I have made a purchase in a different employee benefits institution in the amount of CHF

6. Residency (only fill in this section if you have moved to Switzerland from abroad)

I have lived in Switzerland since

I have been covered under a Swiss pension scheme since

Confirmation of accuracy

I hereby confirm with my signature that I have answered all questions truthfully and thoroughly and **take note of the fact that I am responsible for asserting any tax claims associated with a personal purchase and for ascertaining whether such purchase is tax deductible.** Additionally I accept the regulations of Hitachi Group Pension Fund.

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Place / date

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Signature of insured person