

Company \_\_\_\_\_

Name/first name \_\_\_\_\_

SI number \_\_\_\_\_

Address \_\_\_\_\_

## Declaration by the insured person for the purpose of personal purchase

Please provide me with

- an estimate for the purchase of the maximum benefits**
- an estimate for a purchase to compensate for early retirement at age:**  
*(Purchases for early retirement are only possible when there is no longer any possibility of purchasing the maximum benefits)*
  - 64     63     62     61     60     59     58
- I have received an estimate of the possible purchase and/or the maximum possible purchase is stated on my personal insurance certificate.

In the event of a change of job and entry into the employee benefits institution of a new employer, the vested benefit of the previous employee benefits institution and all other further savings assets in pillar 2 that are available in vested benefits institutions must be **transferred** to the new pension fund, in accordance with the statutory provisions (Art. 4 cl. 2<sup>bis</sup> FLV). Such vested benefits, even if they are not subject to the duty of transfer, i.e. they are not governed by a change of job, **must be counted together with voluntary purchase benefits**. In addition and to a defined extent, the savings assets of unit-linked private insurance (pillar 3a) must be taken into account in the case of previously self-employed persons (Art. 60a OOB2). Moreover, the possibilities for purchase following a move to Switzerland from abroad are limited (Art. 60b OOB2).

The insured person must complete their relevant details on the reverse side of this form for the benefit of the GEMINI Collective Foundation 1e.

**I confirm the following points with regard to the personal purchase I wish to make:**

1. I have withdrawn part of the savings capital to purchase home ownership. This withdrawal has not been repaid up until now.  
(if applicable: please enclose records of all withdrawals and repayments)

Yes  No

2. 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

3.  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).

Balance / surrender value as per 31 December of the previous year	Name/address of bank and/or insurance company

4. 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

5. Complete **only** if moved to Switzerland from abroad

Yes, I did move to Switzerland within the past five years.

Yes, I moved to Switzerland on \_\_\_\_\_ and was previously insured with a Swiss employee benefits institution (please enclose copies of insurance certificates and / or departure statements).

6. I am receiving pension benefits from a different employee benefits institution.  
(if applicable, please enclose a copy of your current tax certificate)

Yes  No

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.

.....  
Place / date

.....  
Signature of insured person

.....  
Telephone number for queries