

## Personal questionnaire

(This form is to be completed by the insured person)

Every employee admitted to the pension fund has to complete a questionnaire about relevant information and his or her health. Please complete and submit this questionnaire close to the date on which you take up your employment.

### 1. Personal details

Surname

First name

Date of birth

Date of admission

Date of marriage / registered partnership

### 2. Questions on your health

1) Are you completely healthy and fit for work at present?

☐ Yes ☐ No

If not, for what reason?

☐ Disease

☐ Accident

2) Are you currently receiving disability benefits?

☐ Yes ☐ No

If so, please enclose a copy of the current decision of the disability (IV) or accident insurance.

3) Have you requested or received benefits from the disability insurance (IV) or a benefits scheme in the past?

☐ Yes ☐ No

If yes, for what health impairment?

### 3. Transfer of existing vested benefits

Any existing vested benefits from previous pension schemes and / or assets from vested benefit accounts resp. vested benefit policies in Switzerland or Lichtenstein that have not yet been transferred must be transferred to our pension fund.

Name of previous pension scheme or  
vested benefits institution

I have arranged for the transfer and the exit statement – if  
available – is enclosed.

☐

I shall issue instructions for the transfer immediately.

☐

I do not have any vested benefits.

☐

If no vested benefits are paid in, please give reasons:

#### 4. Promotion of home ownership: withdrawals / pledging

Have you claimed a **withdrawal** for home ownership purposes from a previous pension scheme or vested benefits institution?

☐ Yes ☐ No

If yes, please indicate

amount withdrawn

CHF

time of withdrawal

Have you **pledged** pension savings with a previous pension scheme or vested benefits institution?

☐ Yes ☐ No

If yes, please indicate

amount pledged

CHF

time of pledging

Name of pledgee

#### 5. Voluntary extra contributions to pension scheme

Have you or your employer paid any voluntary extra contributions into your pension fund in the last three years?

☐ Yes ☐ No

If yes, please indicate

amount contributed

CHF

time of contribution

contribution by employer?

☐ Yes ☐ No

#### 6. Declaration

The undersigned declares that all the above questions have been answered truthfully and in full. He/she authorizes all doctors who have treated him/her to provide the pension fund, its offices and its reinsurer any information required in relation to the envisaged insurance.

The undersigned notes that the insurance cover depends on the correctness of the above declaration and that the pension fund may withdraw from the insurance within the limits stipulated by the provisions of the law if incorrect information is given (breach of duty of disclosure).

Place, date

Signature of insured person

**Please complete and submit this questionnaire close to the date on which you take up your employment to INVOR Vorsorgeeinrichtung Industrie, Stockerstrasse 34, Postfach, 8022 Zürich**

Für interne Zwecke		
Datum	Visum 1	Bemerkung
Datum	Visum 2	Bemerkung