

**Questionnaire for voluntary extra contributions**  
(This form must be completed by the insured person)

**1. Insured person**

Surname \_\_\_\_\_

First name \_\_\_\_\_

Street, no. \_\_\_\_\_

Country, post code, place \_\_\_\_\_

Date of birth \_\_\_\_\_

**2. Early withdrawal for the purpose of home ownership**

Have you claimed an early withdrawal from a vested benefits or pension scheme for the purpose of home ownership and not yet repaid this?

yes  no

If so, please indicate the amount withdrawn CHF ..... on .....

From which vested benefits or pension scheme? .....

**3. Declaration on vested benefit claims (pillar 2)**

Do you possess vested benefits (vested benefits account / policy) or pension savings from previous employment that you have not yet paid into the occupational benefits scheme?

yes  no

If so, please indicate total amount of savings CHF ..... on .....

Enclose copy of the vested benefits account and/or policy

**4. Moving from abroad**

Have you moved to Switzerland from abroad in the last five years?

yes  no

If so, date of movement .....

Have you ever paid contributions into an occupational benefits scheme (pension fund) in Switzerland before moving from abroad?

yes  no

If so, when were the contributions paid .....

**5. Additional question for formerly self-employed people after 1.1.1985**

During your time in self-employment did you saving in pillar 3a instead of pillar 2?

yes  no

If so, please indicate the total amount of savings CHF ..... on .....

**p.t.o.**

**6. Declaration in relation to a (partial) retirement that has already started**

Are you already receiving retirement benefit in the form of a pension or have you received retirement benefit in the form of a lump sum?

yes  no

If so, please enclose a statement showing the benefits paid out

**7. Requested extra contributions**

Please indicate the amount of voluntary extra contributions that you intend to make in the current year:

Amount CHF .....

**8. Confirmation**

- I have received the "Leaflet on voluntary extra contributions" and taken note of it.
- I am aware that the claim of tax relief on voluntary extra contributions is my responsibility.
- I confirm that any omission or inaccuracy of information required by law has tax consequences for which I alone bear responsibility.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of insured person