

Information for the feasibility declaration

Employer _____ Contract No. _____
 Surname _____ First name _____
 Street _____ Postcode/Town _____
 Phone _____ Date of birth _____
 Marital status _____ Date of marital status _____

Details (to be completed in all cases)

1. Initiation of divorce proceedings Date _____
2. Level of termination benefit upon marriage CHF _____
 - Applicable pension institution (at time of marriage) _____
3. Were any deposits from own assets made during the marriage? yes no
 - If so, please state the amount and date: CHF _____ Date _____
4. Have you made any early withdrawals to fund home ownership? yes no
 - If so, please state the amount and date: CHF _____ Date _____
 - If yes, with which pension institution: _____

Further details (complete only if point 2 is unknown)

- Last known level of termination benefit before marriage CHF _____ Date _____
- First vested benefit notified after marriage CHF _____ Date _____

Documents

Please enclose a confirmation from the pension institution resp. vested benefits institution for each of the above points.

Confirmation

I confirm that the information I have provided above is accurate and truthful and acknowledge that all of the above information will be used to produce the feasibility declaration. By signing this form, I also authorise the foundation to obtain information from previous pension institutions resp. vested benefits institutions and seek clarifications from these.

Town/Date

Signature of insured person