

Form for active insured persons

Joining the Pension Fund

Send to: Pension Fund of the Siemens Companies in Switzerland,
Freilagerstrasse 40, 8047 Zurich

Insured person

Last name: _____ First name: _____

Street name, no.: _____

Postcode: _____ City: _____ Country: _____

Date of birth: _____ Social security no.: _____

Marital status:

Single Married Widowed Divorced Registered partnership Dissolved partnership

Tel. no.: _____ E-mail address: _____

If married/in registered partnership:

Partner's last name: _____ Partner's first name: _____

Partner's date of birth: _____ Date of marriage or registration of partnership: _____

Employer

Employer: _____ Town: _____

Recruitment date: _____

Employment contract: Fixed-term Indefinite **If fixed-term:** Until (date): _____

Confirmation of fitness for work (self-declaration)

Are you fully healthy and fit for work at the start of the employment contract? Yes No

If no, please give reason:

Are you currently receiving medical treatment? Yes No

If yes, please give reason:

Have you received medical and/or psychological treatment in the last 5 years? Yes No

If yes, please give reason:

Was there a medical proviso attached to your previous pension plan? Yes No

If yes, why?

Are you currently receiving disability benefits*? Yes No

Have you ever received disability benefits in the past*? Yes No

* Please enclose any rulings from the disability insurance office.

Details of your former pension fund

Do you have vested benefits in one or more pension funds of which you are no longer a member? Yes No

If yes*:

Name and address of the pension funds:

If no, why not?

- I was insured only against the risks of death and disability.
 - I have never had a job before.
 - I have never worked in Switzerland before.
 - My salary has always been below the pension fund minimum.
 - Other reason (please specify):
-

* Please arrange for the transfer of your vested benefits from your previous pension institution. You should use the form "Transfer of vested benefits".

Personal declaration

Please answer the following questions fully and truthfully.

a) Voluntary purchases of additional benefits in a previous pension scheme

Have you made voluntary purchases in a previous pension fund in the last 3 years? Yes No

If yes:

Amount in CHF: _____	Purchase date: _____
Amount in CHF: _____	Purchase date: _____
Amount in CHF: _____	Purchase date: _____

→ Please note following page(s).

b) Early withdrawal for home ownership prior to joining the Siemens Pension Fund

Have you made an early withdrawal for home ownership from a previous pension fund? Yes No

If yes:

Amount of early withdrawal in CHF: _____ Drawn on (date): _____

Outstanding amount in CHF: _____ As at (date): _____

c) Pledge for home ownership prior to joining the Siemens Pension Fund

Have you pledged benefits from a previous pension scheme for home ownership purposes? Yes No

If yes:

Amount in CHF: _____ Pledgee: _____

d) Lump-sum payment as a result of divorce prior to joining the Siemens Pension Fund

Has a lump-sum payment been made to your former spouse/partner as a result of divorce/dissolution of the partnership? Yes No

If yes:

Outstanding amount in CHF: _____ As at (date): _____

e) Move to Switzerland from abroad

Have you moved to Switzerland from abroad or are you planning to move to Switzerland soon? Yes No

If yes*:

Date of move from abroad: _____

Were you ever insured by a Swiss pension fund prior to this? Yes No

* Please enclose copies of the insurance certificates and/or final benefits statements.

Declaration by the insured person

By signing below, I confirm that I have completed this form truthfully and completely. I am aware that any omission, false statement or inaccuracy may have (among other things) tax or regulatory consequences for which I bear sole responsibility.

Place/date

Signature of insured person