PK Siemens

Form for active insured persons Voluntary purchases of pension benefits

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

Insured person	
Last name:	First name:
Street name, no.:	
Postcode: City:	Country:
Date of birth:	Insurance no.:
Marital status:	
Single Married Widowed	Divorced Registered partnership Dissolved partnership
Employer:	
Tel. no.:	E-mail address:

Questions to be answered by the insured member

a) Vested benefits from previous employment relationships in Switzerland

Do you have assets in vested benefits accounts or policies (excluding Pillar 3a)?	□ Yes □ No	
lf yes:		
Total amount in CHF:	as of (date):	
\rightarrow Please enclose up-to-date vested benefits statements.		
b) Pillar 3a assets		

Do you have 3a assets?	□ Yes	□ No
lf yes:		
Do your assets exceed the maximum amount specified in the Federal Social Insurance Office table (see our website <u>www.pk-siemens.ch</u> \rightarrow Infocenter/Merkblätter und Formulare*)?	☐ Yes	□ No

 \rightarrow If yes: Please enclose up-to-date 3a statements.

* In German only: «Tabelle BSV zur Berechnung des grösstmöglichen 3a-Guthabens»



c) Early withdrawal for home ownership prior to	<u>o joining</u> the Siemens Pension Fund		
Have you made early withdrawals from former pension funds and not yet paid back the full amount?	□ Yes □ No		
If yes:			
Outstanding amount in CHF:	as of (date):		
\rightarrow Please enclose copies of the statements.			
d) Divorce prior to joining the Siemens Pensior	n Fund		
Have part of your vested benefits been paid out to your former spouse and not yet (fully) repur- chased by you?	□ Yes □ No		
If yes:			
Outstanding amount in CHF:	as of (date):		
\rightarrow Please enclose a copy of the statement.			
e) Move to Switzerland from abroad			
Have you moved to Switzerland within the last five years?	□ Yes □ No		
If yes: Date of move to Switzerland:			
Have you previously been insured by a pension institution in Switzerland?	□ Yes □ No		
\rightarrow Please attach copies of the insurance certificates and/or f	inal benefits statements.		
f) Early retirement			
Do you already draw/have you already drawn re- tirement benefits (pension or lump sum) from oc- cupational pension insurance as a result of early retirement?	□ Yes □ No		
\rightarrow Please enclose copies of the pension notification or lump	-sum payment notification.		
g) Origin of the financial resources*			
What is the origin of the financial resources to be	□ Private funds		
used for the planned voluntary purchase of addi-	□ Transfer of vested benefits		
tional benefits in the Pension Fund?	□ Transfer of Pillar 3a assets		

* This information is needed for the confirmation of pension fund contributions sent to the tax authority.



Confirmation

I confirm that I have completed this form truthfully. I have taken note of the contents of the "Voluntary purchases of pension benefits" information sheet, particularly the restriction pursuant to Article 37, paragraph 5 of the Pension Fund Regulations and the information relating to taxes. Omissions or inaccuracies may have tax consequences for which I bear sole responsibility.

Place/date

Signature of insured person