

Affiliation form for members

Employer's Pension Fund

Pension Fund	
--------------	--

Personal particulars

Surname:	Gender:	Language:
First name:	Civil status:	
Home address:	Date of marriage:	
Zip code, town:	Date of divorce.	
Nationality:	Do you pay alimony?	
Date of birth:	AVS/AHV no:	
Cell phone:	email:	

Spouse

Surname / first name;	Date of birth:
-----------------------	----------------

Entry data / Salary / Type of employment

Entry date		Start of employment with Company	
Annual AVS/AHV salary		Function	
Work rate	%	Professional status	
Rate of work capacity	%		

If termination benefits are transferred to the Foundation, please indicate the amount:

.....

If termination benefits have been pledged, indicate pledgee:

.....

If you have made a withdrawal under the encouragement of home ownership scheme, please indicate the date and amount:

.....

Authorisations

I authorise the Foundation to transfer my termination benefit to Elite Vesting Foundation or to the Substitute Occupational Benefit Institution if I leave the Foundation prematurely and notice of my departure is not given within the applicable time limit.

To facilitate measures designed to limit the loss in the event of any incapacity for work, I undertake to promptly report all incidents or occurrences liable to result in long-term incapacity for work.

I undertake to reply truthfully to the health questionnaire and to notify the Foundation of any change in my state of health pending the reinsurer's response.

I authorise the Foundation to communicate to the Employer the breakdown of costs between members and the Pension Fund, as well as an asset allocation statement to the President of the Pension Fund and the financial statements to each member of the Pension Fund in accordance with Article 86b(2) LPP/BVG at their request.

Place and date	Member's signature	Employer's signature