Pension Fund Swiss Re
Mythenquai 50/60
8022 Zurich
www.pensionskasse-swissre.ch/en/

QUESTIONNAIRE FOR NEW ENTRANTS

First name		Last name	
Street address		Postcode, town	
Employee ID		Date of birth	

A) Did you move to Switzerland within the past five years? ☐ NO ☐ Yes

If NO, you were a member ("insured") of (indicate previous pension fund)

Please enclose leaving benefits statement from previous pension fund

If YES, when?

There are restrictions on buying into our pension fund if you moved here less than five years ago. Please contact us.

If YES, will this be the first time you are insured under a Swiss pension scheme?

☐ NO ☐ YES

If NO, please indicate previous pension fund

B) Have you made any voluntary buy-ins to a Swiss pension scheme over the last three years?

☐ NO ☐ YES

If YES, please indicate buy-in date(s) and amount(s)

C) Do you hold any second-pillar assets (vested benefits accounts or policies) in Switzerland?

☐ NO ☐ YES, with (indicate bank or insurer)

Please arrange for these vested benefits to be transferred to the Pension Fund Swiss Re

D) Have you made any early withdrawals from your second-pillar assets to purchase a residential property?

☐ NO

☐ YES

Early withdrawal date	Early withdrawal amount

Have you repaid some or all of the early withdrawal amount?

☐ NO

☐ YES

Date repaid	Amount repaid

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E) Have you taken partial retirement under a previous pension scheme?

☐ NO

☐ If YES

Please list all dates of partial retirement, and for each stage of partial retirement provide details of the retirement capital converted into a pension and/or the amount of the lump-sum withdrawal:

_____

Have you taken retirement under a previous pension scheme?

☐ NO

☐ If YES

Please list the date of retirement, and provide details of the retirement capital converted into a pension and/or the amount of the lump-sum withdrawal:

_____

Please note:
Please return this questionnaire completed and signed to: Pension Fund Swiss Re, Office X1057, Mythenquai 50/60, 8022 Zurich within one month of joining Swiss Re or bring it along to the Pension Fund information session you have selected.

Date: Insured's signature: _____