

Pension Fund Unilever Switzerland

confidential

New Entry	Company Number						
	Company						
	Personnel Number						
	To be completed by Pension Fund Administration						
Personnel Data	Last Name						
Gender	First Name						
Address	Street, Nr.						
	ZIP, City						
Social Security Number (AHV, 13-digits)							
Language (for insurance certificate and statements)							
Date of Birth (DD/MM/ YY)							
Entry Company	/						
Entry Pension Fund	/						
Gross annual salary CHF							
Activity level full time (100%) part time (100%)							
Marital status ☐ single (1) ☐ married (2) ☐ separated (3) ☐ widowed (4) ☐ divorced (5)							
Date of marriage (DD/MM/YY)							
Mortgage / Proprietary							
- Have you given all or part of y If so, please enclose a copy o							
- Have you already drawn a par If so, please enclose a copy.	t of the entitlement to your pension?						
If so, date and amount of the entitlement already claimed							

De	tails to funds of former company pension	on plan						
Lo	cal legislation (BVG) states, that in case of a change	e of pension pla	n all a	ccrued amounts	regarding former			
cor	company pension plans have to be transfered to the new pension plan. This includes funds on vested termination							
benefit accounts as well as funds with vested termination benefit insurances in Switzerland.								
	you have funds of former pension plans, on ves mination benefit insurances in Switzerland?	ted terminatio	n bene	efits accounts o	r with vested			
	Yes No							
If v	ves, please state details below							
•	me of pension plan or vested termination benefit ins	etitution	۸۳	nount of the fund	(if known)			
iva	ine of pension plan of vested termination benefit ins	Stitution	All	iodili oi tile idila:	S (II KIIOWII)			
			СН	IF				
			CH	IE				
•••		•••••	Ci	IF				
	ase transfer the funds to Pensionskasse Unileve)230 P030 0482 1			
tog	ether with a copy of the corresponding terminati	ion benefits ca	lculat	ion.				
Que	estions for the individual entering the pe	ension fund	:					
1.	Are you completely fit for employment and in health?	perfect		yes	∐ no			
2.	Are you obtaining benefits from 'Eidg. IV, MV BVG' or a foreign social security system or ar insurance or have you applied for such benef	ny other		yes	no			
	If so: - from whom?							
	- for what disability percentage	%	Ann	uity CHF				
P	Please enclose copies of the official decree	es of the inst	itutio	ns paying you	an annuity.			
Ad	ditional questions for self-employed inc	dividuals						
Wh	en did you start being self-employed?							
	ere you previously a mandatory member of BVG	3?		□ yes	☐ no			
If so	, , , , , , , , , , , , , , , , , , , ,		until	,				
	(DD/MMYY)			(DD/MM/YY)				
Co	nfirmation and authority by the individu	ıal who is er	nterin	a the pensio	n fund:			
				.go ponere				
the l me of P	reby confirm the accuracy and completeness on Pension Fund Unilever Switzerland to consult won my state of health as far as these information lension Fund Unilever Switzerland. I do authorization Fund Unilever Switzerland.	with physicians on are of impo	s who rtance	are or have be regarding insu	en medicating Irance benefits			
 Loc	ation / Date	Signature	of ind	lividual enterino	the pension fund			

Any false, incorrect or incomplete data given in this document entitles the Unilever Pension Fund to reduce or defeat pension fund benefits within the legal requirements.

Please send to: