

Pension Fund Unilever Switzerland

ſ

	confidential	
New Entry Company Number	- <u></u>	
Company		
Personnel Number		
To be completed by Pension Fund Adm	ninistration	
Personnel Data Last Name		
Gender 🔲 M 🔲 F First Name		
Address Street, Nr.		
ZIP, City		
Social Security Number (AHV, 13-digits) ////////////////////////////////////		
Date of Birth (DD/MM/ YY)/		
Entry Company/		
Entry Pension Fund///		
Gross annual salary CHF		
Activity level full time (100%) part time]%	
Marital status ingle (1) married (2) separated (3) widowed (4) divorced (5)		
Date of marriage (DD/MM/YY)		
Mortgage / Proprietary		
- Have you given all or part of your entitlement in mortgage? yes no no If so, please enclose a copy of the mortgage agreement.		
 Have you already drawn a part of the entitlement to your pension? If so, please enclose a copy. yes 		
If so, date and amount of the entitlement already claimed		
- Property: Single Occupancy House Condominium		

Details to funds of former company pension plan		
Local legislation (BVG) states, that in case of a change of pension plan all accrued amounts regarding former		
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.		
Do you have funds of former pension plans, on vested termination benefits accounts or with vested termination benefit insurances in Switzerland?		
Yes No		
If yes, please state details below		
Name of pension plan or vested termination benefit institution	Amount of the funds (if known)	
	CHF	
	CHF	
Please transfer the funds to Pensionskasse Unilever Schweiz	Account-Nr. CH89 0023 0230 P030 0482 1	
Please transfer the funds to Pensionskasse Unilever Schweiz, Account-Nr. CH89 0023 0230 P030 0482 1 together with a copy of the corresponding termination benefits calculation.		
Questions for the individual entering the pension f	und:	
 Are you completely fit for employment and in perfect health? 	🗌 yes 🗌 no	
2. Are you obtaining benefits from 'Eidg. IV, MVG, UVG, BVG' or a foreign social security system or any other insurance or have you applied for such benefits?	🗌 yes 🗌 no	
If so: - from whom?		
- for what disability percentage%	Annuity CHF	
Please enclose copies of the official decrees of the institutions paying you an annuity.		
Additional questions for self-employed individuals	3	
When did you start being self-employed?		
Were you previously a mandatory member of BVG?	yesno	
If so: from	until	
(DD/MMYY)	(DD/MM/YY)	
Confirmation and authority by the individual who i	s entering the pension fund:	
I hereby confirm the accuracy and completeness of the data provided. Over and above I authorize		
the Pension Fund Unilever Switzerland to consult with physicians who are or have been medicating me on my state of health as far as these information are of importance regarding insurance benefits		
of Pension Fund Unilever Switzerland. I do authorize these pension Fund Unilever Switzerland.		
Location / Date Signature of individual entering 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:

Pensionskasse Unilever Schweiz, Bahnhofstrasse 19, CH-8240 Thayngen