PERSONALVORSORGESTIFTUNG DER FELDSCHLÖSSCHEN-GETRÄNKEGRUPPE

Occupational Pension Plan Funding for Home Ownership Application for Advance Withdrawal

1. Personal details		
Surname, first name		
Address		
Postcode/town		
Date of birth		
Marital status		
Spouse / partner (Surname, first nam date of birth)	e,	
Children, date(s) of birth		
2. Advance withdrawal details		
Amount of advance withdrawal		CHF
Date of payment		
Purpose (tick appropriate box)	0	Acquisition or construction of residential property
	O	Share in residential property
	O	Mortgage repayment
	O	
Documents that provide proof of	O	Purchase agreement
Purpose	O	Extract from land register
	O	Mortgage/loan agreement
	0	

Payment to (beneficiary)		
Bank, account No.		
3. Details on residential propert	ty	
Object	O	Apartment
	O	Single family residence
Address, location		
Right of ownership to the property	O	Sole ownership
	O	Co-ownership
	O	Joint ownership of insured individual and spouse
	O	Independent, permanent right of construction
	O	
Responsible land registry		
5. Confirmation		
		ompleted the application truthfully and in full. The mployment on the application date.
Place and date		
Signature of insured individual (Please enclose a copy of the identity card or passport)		
Signature of spouse/partner (Please enclose a copy of the identity car		
Annexes		