



ZURICH®

# Application for the transfer of an existing advance in the context of the encouragement of home ownership

## Information about contract and insured person

Name of employer or foundation	Contract no.	No. AHV (13 digits)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	First name	
<input type="text"/>	<input type="text"/>	
Street/road, no.	ZIP code, town/city	
<input type="text"/>	<input type="text"/>	
Private telephone number	Business telephone number	
<input type="text"/>	<input type="text"/>	
Place of citizenship	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status	Day	Month
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> In a registered partnership <input type="checkbox"/> Dissolved partnership	Year	<input type="text"/>

I am fully able to work/capable of gainful employment

Yes    No

Degree of remaining capacity for work or gainful employment in %

If the insured event occurs prior to the transfer of the advance (e.g. start/increase in disability or death), the advance amount cannot be transferred. In this case the application cannot be accepted.

## Spouse or registered partner

Last name	First name
<input type="text"/>	<input type="text"/>
Place of citizenship	Date of birth
<input type="text"/>	<input type="text"/>
	Day
	Month
	Year

## Previous advance

Amount advanced in CHF	Paid on		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year

With the following pension and/or vested benefit plan:

Name of the pension plan or vested benefits institution

Contract or account number

Reference

**The advance will be transferred as follows**

- Acquisition of residential property
- Construction of residential property

 

Precise address of the property to which the advance is being transferred

- Transfer to a vested benefits institution, as the amount will be used again for residential property within two years

Name and address of the vested benefits institution

IBAN of the vested benefits institution

Number of the vested benefit account or vested benefit policy (if known)

Zurich will forward the documents for the advance to the vested benefits institution. The vested benefits institution is responsible for the redemption and the cancellation of the restriction on sales.

In this case no attachments are required.

**Supplementary insurance**

The purchase of residential property can affect your retirement plans; we recommend that you seek pension provision advice.

- Yes, I would like to be contacted by a Zurich advisor.

**Confirmation by the insured person and the spouse or registered partner**

**By signing this document the undersigned confirm(s):**

- that I/we agree with the transfer;
- having read the «Encouragement of home ownership using funds from occupational pension plans» booklet;
- that I/we occupy the property mentioned in the application or that this property is located at my/our domicile or regular place of residence;
- that I/we have not advanced/pledged pension assets for any other properties (occupational pension plan provisions may only be used for one residential property at a time); that previous advances have either been repaid to the pension plan or will be covered in full by this application;
- that I/we agree to the entry of the restriction on sale in the land register; the costs for the entry will be charged directly to the insured person by the land registry.

**Kindly ensure that all the evidence required in accordance with the "Checklist – evidence required for transfer of existing advance payment in connection with home ownership support" is complete prior to submitting your request.**

**The cancellation of the restriction on sale for the previous property will only occur following a review of the documents and receipt of the cost contribution, at the earliest, however, three months prior to the transfer of ownership of the new property.**

Place

Date

Day

Month

Year

Place

Date

Day

Month

Year

Signature of the insured person

Signature of the spouse or registered partner