



ZURICH®

Application for the pledging of pension funds for 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"/> <input type="text"/>	
Marital status	Day Month Year	
<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		

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 or is imminent prior to approval being granted (inability to work with an expected waiver of premium after three months), the pledging can no longer be granted.

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"/> <input type="text"/> <input type="text"/>
	Day Month Year

The pledge is to be used as follows

<input type="checkbox"/> Acquisition of residential property	<input type="checkbox"/> Construction of residential property
<input type="checkbox"/> securing mortgage loans:	<input type="checkbox"/> <input type="text"/>
Precise address of the property	
<input type="text"/>	

Supplementary insurance

Pledging can affect your retirement plans; we recommend that you seek retirement 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 pledging;
- 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 I/we have understood that the regulatory plan benefits will be reduced by any realization of pledges;
- that I/we agree to the possible entry (in the event of a realization of pledges) 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 pledging pension plan benefits in connection with the encouragement of home ownership" is complete prior to submitting your request.

Confirmation will only be made to the secured creditor following a review of the documents and receipt of the cost contribution.

Place

Date

Day

Month

Year

Place

Date

Day

Month

Year

Signature of the insured person

Signature of the spouse or registered partner