

Request for affiliation

This form is to be completed, **signed** and returned to the Fonds de Pensions Nestlé.

Personal data

Last name	First name
Date of birth	Name before marriage
Nationality	AVS number
Private email address	Private phone number/Mobile
Address	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Registered partnership according to Swiss law <input type="checkbox"/> Registered partnership (country) _____ <input type="checkbox"/> Dissolution of registered partnership	
Nestlé employer (company name)	Date of entry

Spouse's data

Last name	First name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Date of birth	Wedding/registered partnership date	

Ability to work

Do you have full ability to work? ☐ Yes ☐ No

Do you benefit of a pension from the Swiss Disability Insurance? ☐ Yes ☐ No

If yes, degree of disability: _____ %

Did you benefit from a pension from the Swiss Disability Insurance in the past? ☐ Yes ☐ No

If yes, until what date: _____

Current situation of accrued vested benefits (Pillar 2)

In accordance with Art. 4 of the LVPP (Swiss Federal Law on Vesting in Pension Plans), the insured member is requested to transfer all accrued benefits to the pension fund of the new employer.

- ☐ I already requested the transfer of my termination benefits from my previous pension fund
- ☐ No request for the transfer has been made. Name and address of the previous pension fund and/or occupational savings account with a Swiss Bank or vested benefits policy with a Swiss insurance company (Pillar 2)

- ☐ I neither have an occupational savings account with a Swiss Bank nor a vested benefits policy with a Swiss insurance company (Pillar 2)

Voluntary purchases

Did you make voluntary purchases of pension benefits in the last 3 years?

☐ Yes

☐ No

If yes, amount (CHF)

Date

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<hr/>	<hr/>
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Affiliation to a Swiss pension fund (Pillar 2)

Since what date are you gainfully employed in Switzerland?

Is this your first affiliation to a Swiss pension fund?

☐ Yes

☐ No, date of the first affiliation

Encouragement of home ownership

Did you withdraw all or part of your savings account for the encouragement of home ownership, which amount has not yet been reimbursed ?

☐ Yes, date

 Amount withdrawn

☐ No

Have you pledged your entitlement to pension benefits?

☐ Yes

☐ No

If yes, please enclose a copy of the pledging contract.

I hereby certify that the information stated in this document is complete and fully accurate.

Place and date

Signature
