

Enquiry to the 2nd Pillar Central Office about balances of an occupational benefit plan

Please note the details given on the information sheet before completing this questionnaire. Only one questionnaire per person is to be submitted.

If you submit this form in the name of someone else, please enclose a procuration. Thank you in advance.

1.1. Personal data of person searching for 2nd Pillar benefits

1.1 Name

First name

Date of birth AHV/AVS-No

Address

.....

.....

.....

Telephone number

1.2. Additional information exclusively in the event of the seeker's death

(Point 1.1 to be completed in every case). A copy of the death certificate and the family register must be enclosed.

Date of death

Personal data of survivor

Name First name

Date of birth Degree of relationship

Address

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.....

.....

2. Information on employment of which 2nd pillar benefits are searched for

from	to	name of employer	Function/field of work

3. Information on former occupational benefit institution(s)

Name

Address

.....

4. Information on benefits

Do you already draw a pension from one of the following schemes in Switzerland?

- AHV/AVS retirement pension Yes No
- IV/AI disability pension Yes No
- AHV/AVS survivor's pension Yes No
- LOB/PP/2nd pillar pension Yes No

This questionnaire is to be sent to:

**2nd Pillar Central Office
LOB Guarantee Fund
Business office
PO Box 1023
3000 Bern 14
Switzerland**

**Tel. +41 31 380 79 75
Fax +41 31 380 79 81
e-mail: info@zentralstelle.ch**

Place and date.....

Signature of the applicant.....

Please attach **copies** of the following documents (if available) to this application. The copies need not to be certified.

- AHV/AVS-Card
- Salary statement
- Insurance certificate 2nd Pillar
- Statement of individual AHV/AVS account
- Procuration (only for third party enquiries)
- Death certificate and family register(enquiries for deceased persons)