

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 insured person

1.1 Name

First name

Date of birth AHV/AVS-No

Address

.....

.....

.....

Telephone number

1.2. Additional information *exclusively* in the event of the insured person's death

(Point 1.1 to be completed in every case) Please join a copy of the death certificate

Date of death of insured person.....

Information about survivors

Name First name

Date of birth Degree of relationship

Address

.....

.....

.....

2. Details of employment in Switzerland

from	to	name of employer	activity / task area

3. Information on the occupational benefit institution

Name

Address

.....

4. Information on payments of pension benefits

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

- | | | |
|---|------------------------------|-----------------------------|
| - AHV/AVS retirement pension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - IV/AI disability pension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - AHV/AVS survivor's pension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - LOB/PP/2 nd pillar pension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Forwarding the questionnaire

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 76
e-mail: info@zentralstelle.ch**

Place and date..... **Signature**.....

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

- | | |
|---|--|
| <input type="checkbox"/> AHV/AVS-Card | <input type="checkbox"/> 2 nd pillar insurance document |
| <input type="checkbox"/> Salary statement | <input type="checkbox"/> Employment confirmation |
| <input type="checkbox"/> Employment contracts | <input type="checkbox"/> Death certificate |