## Stiftung Auffangeinrichtung BVG

## **Vested benefits accounts**



ightarrow Please send the completed and signed form together with the necessary documentation to:

Stiftung Auffangeinrichtung BVG Vested Benefits Accounts P.O. Box 8050 Zurich POFICHBEXXX (SWIFT) CH50 0900 0000 8001 30227 (IBAN) +41 44 468 22 22 (Tel.)

Office hours (Mon. to Fri.) 8 a.m. to midday/1.30 p.m. to 5 p.m.

www.chaeis.ch

## Order of documentation for encouragement of home ownership: advance withdrawal

Note: Please complete the form electronically

Trotal Fredse complete					
Personal details					
Vested benefits account No. (if known):					
Surname:			 		
First name:					
Street, No.:					
Postcode, town, country:					
Tel.:			 		
E-mail:					
Date of birth:		Gender:	М	F	
OASI (AHV/AVS) No.:					
Marital status:	single				
	married/registered partnership	since (date):	 		
	divorced/dissolved partnership	since (date):	 		
	widowed	since (date):	 		

Declaration							
I would like an advance withdrawal for:							
	the repayment of my mortgage on owner-occupied residential property the purchase of an owner-occupied house or apartment the construction of owner-occupied residential property the renovation of my owner-occupied residential property						
	the acquisition of share certificates for my owner-occupied residential property						
My owner-occupied residential property is located:							
	in Switzerland	outside Switzerland					

Confirmation								
With my signature I hereby confirm that the information is complete and correct.								
Surname, first name:								
Place, date:	Signature:							

## **Documentation required**

Please send us the following additional documents so that we can process your order:

• Copy of your OASI (AHV/AVS) card

We may need additional information and documents. We will contact you if this is the case.