

Bayer Pension Fund

Pledge of occupational pension funds

Personal details of the insured person(s)

Name _____

First name _____

Address _____

Country, postal code Place _____

National insurance number _____

Date of birth / gender _____

Civil status _____

Are you currently fully fit for work? Yes No

Have you already made a pledge? Yes, when? No

Have you already made an advance withdrawal? Yes, when? No

Have you made a purchase of contribution years in the last 3 years? Yes, when? No

Phone no. / e-mail address _____

Information on the property concerned

Use

Type of property Single family house Flat

Form of home ownership Individual ownership Condominium ownership / co-ownership / tenant company

Joint ownership

Documents to be submitted Purchase contract of the property

Signed pledge agreement

Address of the property _____

Pledge

I wish to pledge the following: Current vested benefits Current vested benefits and future benefits

Amount (CHF): _____

Pledge Creditor

Please enter the full name and the address of the pledge creditor:

Information

The insured person may pledge benefits from the occupational pension scheme for the purchase and construction of a condominium or a single-family home. The prerequisite is the use of the property by the insured person(s) as their place of residence or habitual abode.

The Insured must provide proof that the conditions for the pledge are fulfilled.

The Insured acknowledges that if he/she becomes insolvent, the pledge creditor may realise the pledge. This means that in the event of insolvency, the pledged benefits from his/her pension fund can be paid to the pledge creditor, resulting in benefit reductions and taxation.

The consent of the pledge creditor is required for any cash payment.

Signature

Place, date: _____

Place, date: _____

Signature of the insured person

Signature of spouse / registered partner

Note

If the e-mail address is provided, the insured authorises the sending of his documents by secure e-mail.

Confirmation of the signature of the spouse or registered partner

The signature must be confirmed by an official authority (residents' registration office, passport service) or by a notary.

Place, date: _____

Stamp and signature of the official authority

**If you have any questions regarding the pension scheme, please contact your customer advisor :
T: +41 44 387 89 03 – pension.bayer@kessler.ch**