

# Joining

This page must be completed and signed by the employer together with the person to be insured.

## Details on the person to be insured

Employer

\_\_\_\_\_

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Street / no.

\_\_\_\_\_

Zip code / city

\_\_\_\_\_

Date of birth

\_\_\_\_\_

Social security number (13 digits)

756.

Telephone

\_\_\_\_\_

Email

\_\_\_\_\_

Start of insurance

\_\_\_\_\_

Start of employment relationship

\_\_\_\_\_

Employment level

%

\_\_\_\_\_

Eligible annual salary (calculated for the full calendar year)

CHF

\_\_\_\_\_

### Gender

Female

Male

### Marital status

Single

Married

Registered partnership

Divorced

Partnership dissolved by a court

Widowed

Since

\_\_\_\_\_

Name and date of birth of spouse or registered partner

\_\_\_\_\_

Is the person to be insured fully employable at the present time?

Yes  No

► **If NO, please have the person to be insured complete and sign the health declaration.**

Does the person to be insured have an eligible annual salary of at least CHF 500,000?

Yes  No

► **If YES, please have the person to be insured complete and sign the health declaration.**

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## Details on the previous employee benefit scheme

The previous employee benefit scheme is obligated to transfer the vested benefits within the framework of 1e assets to Katharinen Pensionskasse II (Art. 3 Swiss Vested Benefits Act FZG; Art. 1e Swiss Ordinance on Occupational Retirement, Survivors' and Disability Pensions Plans BVV 2). Please arrange for this, and send us a copy of the departure settlement.

Name of the previous employee benefit scheme

Street / no.

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Zip code / city:

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## Payments to join

The person to be insured takes note that he/she is obligated in accordance with the Swiss Vested Benefits Act to inform the previous employee benefit scheme as well as the vested benefits institutions of the banks and insurance companies about his/her joining of this pension fund and to give them the information necessary for the transfer of the previously available vested benefits.

## Payment instruction

**Please indicate in the case of payment notification: Last name, first name, social security number**

Name and address of the bank

In favor of

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IBAN

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## Details on home ownership promotion

Is the claim to vested and pension fund benefits **pledged**?  Yes  No

▶ **If yes, please enclose a copy of the pledge agreement**

Was the vested benefit withdrawn early in part or **in whole**?  Yes  No

▶ **If yes, date and amount of early withdrawal**

Date

CHF

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## Signatures

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Place, date

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Signature of employer

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Place, date

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Signature of the person to be insured