

APPLICATION FOR CAPITAL PLEDGE

Promotion of Home Ownership with Occupational Benefit Funds (WEF)

Company: _____ Connection No: _____

1. Personal Details

Last Name: _____ First Name: _____

Street, No: _____ Postcode, City: _____

Date of Birth: _____ Civil Status: single married

divorced widowed

registered partnership

Tel. P: _____ Tel. M: _____ E-mail P: _____

2. Additional Information required

Are you currently fully able to work? Yes No

3. Application / Pledge (Please note that it may take several weeks to process your application.)

I intend to withdraw funds from my occupational benefit scheme

Desired Amount CHF: _____

4. Property (The residential property is)

a condominium a single-family house an apartment in an apartment block

Street: _____ Postcode/City: _____

Canton/Country: _____ Land: _____ Register Sheet No: _____

5. Competent Land Registry

Name: _____

Street: _____ Postcode/City: _____

6. Ownership (I am)

Sole owner Co-owner Joint owner with spouse

7. Residence (The property is my)

Civil domicile Co-owner Joint owner with spouse

Civil domicile Habitual residence. It is not not a holiday home / second home



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8. Pledgee (The pledge of funds is in favour of:)

Lender: _____ Amount in CHF: _____

Street: _____ Postcode/City: _____

9. The following documents are submitted together with the application:

- Current Certificate of Civil Status (for unmarried persons)
- Current Land Register Extract
- Loan Agreement
- Pledge Agreement (Notice of Pledge)

10. Comments

The insured confirms that the pledge is only being made for a residential property occupied by him/herself. The undersigned persons certify the accuracy of all of the information provided on this form.

Place and Date:

Signature of Insured:

Officially Certified Signature
Spouse/Life Partner:
