

## APPLICATION FOR EARLY WITHDRAWAL OF CAPITAL

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 (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. Purpose (The funds are being used for)

Purchase

New build Reference Date: \_\_\_\_\_

Conversion

Renovation of owner-occupied residential property

Acquisition of share certificates in a housing cooperative

Acquisition of shares in a tenant public limited company

Repayment of a mortgage loan

Another purpose pursuant to Art. 1 WEFV

### 5. 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: \_\_\_\_\_

### 6. Competent Land Registry

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Postcode/City: \_\_\_\_\_

### 7. Ownership (I am)

Sole owner  Co-owner  Joint owner with spouse

### 8. Residence (The property is my)

Civil domicile  Co-owner  Joint owner with spouse

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

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### 9. Mortgages (The residential property is encumbered with the following mortgages:)

Lender: \_\_\_\_\_ Amount in CHF: \_\_\_\_\_  
 Street: \_\_\_\_\_ Postcode/City: \_\_\_\_\_  
 2<sup>nd</sup> Lender: \_\_\_\_\_ Amount in CHF: \_\_\_\_\_  
 Street: \_\_\_\_\_ Postcode/City: \_\_\_\_\_

### 10. Recipient of Advance Withdrawal

The transfer will be remitted to the following recipient:  Seller  Lender

Paying Agent: \_\_\_\_\_  
 IBAN: \_\_\_\_\_  
 Account Holder: \_\_\_\_\_  
 Street: \_\_\_\_\_ Postcode/City: \_\_\_\_\_

Place / Date: \_\_\_\_\_ Stamp and Signature Paying Agent: \_\_\_\_\_

### 11. Further Information

- I would like to arrange for an insurance company to provide additional insurance for the reduced risks.
- I confirm that I have not made any buy-ins into the pension fund within the past three years.
- I have already made an advance withdrawal or pledged my pension capital for the purchase of residential property.

Date of advance withdrawal or pledge: \_\_\_\_\_

### 12. 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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_