

# COPRÉ

## REQUEST FOR CALCULATION OF MAXIMUM PURCHASE

Affiliated company: ..... Contract No.: .....

### Personal data of the insured person

Name and first name: ..... Date of birth: .....

AVS No.: ..... Gender:  M  F

Address: .....

Tel. private/mobile: ..... Mail: .....

Civil status from: .....  single  married  divorced  
 bound by a registered partnership  partnership dissolved  widow(er)

### Information concerning the 2<sup>nd</sup> pillar capital and benefits

- Have you had to share your exit benefit due to a divorce, even though you haven't repaid it yet?  yes  no
- Have you benefited from an advance payment for home ownership that you have not yet reimbursed?  yes  no
- Have you already received or do you currently receive a retirement benefit/ divorce pension from another pension fund?  yes  no
- Do you possess one or more vested benefit accounts/policies?  yes  no  
**If yes**, please send us the current account extracts.

### Information concerning the 3a pillar capital

Have you ever been self-employed after January 1, 1985?  yes  no

**If so**, did you contribute to Pillar 3a during this period?  yes  no

**If so**, please send us a statement of account or the buyback value of your policy per 31.12.

### Additional information in the event of arrival from abroad

- Did you arrive from abroad within the last five years?  yes  no  
**If yes**, date of arrival in Switzerland: .....
- Were you already insured with a pension fund in Switzerland before your departure abroad?  yes  no  
**If yes**, please enclose your last insurance certificate and/or the termination statement.

We draw your attention to the fact that the enclosures required must accompany your request, failing which we will be unable to inform you of the maximum purchase amount.

It is your responsibility to verify in advance the deductibility of your payment with the competent tax authority. **In no case does the Foundation guarantee the tax deductibility of purchases.**

The purchase form is valid for 2 years. This validity could be shortened by COPRÉ if necessary.

Place and date: ..... Signature of the insured person: .....