

Personalvorsorgestiftung der
Feldschlösschen-Getränkegruppe
c/o Avadis Vorsorge AG
Zollstrasse 42
P.O. Box
8031 Zurich

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Encouragement of home ownership – application for advance withdrawal

Member's personal details

Company

Insured person

Surname

First name

OASI number

Insurance number

Gender

Date of birth

Marital status

Address

Postcode and city

Are you currently healthy and fit for work?

Yes

No

Questions?

Phone

E-mail

Intended use and amount of advance withdrawal

For required documents, see Point 12 in the Appendix

A Construction of residential property as the principal

B Construction of residential property on the basis of a service contract

C Acquisition of residential property

D Amortisation of an existing mortgage

E Acquisition of share certificates for a housing cooperative

F Investments leading to an increase in value

Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe

Requested payment

Amount of the advance withdrawal	CHF	Requested payment date
Have you effected any buy-ins into the pension fund in the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you already effected an EHO early withdrawal or a pledge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Responsible land registry

Land registry
Address
Postcode and city

Responsible bank

Name of the bank
Street
Postcode and city
IBAN
Name of the account holder

Costs

See Point 13 in the Appendix

Possible pension gap

See Point 9 in the Appendix

Repayment of the early withdrawal

I commit myself to notify the pension fund if the condition of self-use of the residential property no longer exists. The pension fund will initiate the repayment of the early withdrawal.

Signatures

With my signature, I hereby confirm the accuracy of the information and confirm that I have been informed and have taken note of the provisions outlined in the Appendix to this application, in particular the consequences of an advance withdrawal (reduction of pension benefits and taxation). I furthermore confirm that I will use the advance withdrawal for my own owner-occupied property.

Place/date	Signature
Place/date	Signature of the spouse/registered partner

Please note the Appendix

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Consent for entry into the land registry

This form only needs to be filled out if the property is located in Switzerland.

Member's personal details

Surname

First name

OASI number

Insurance number

Gender

Date of birth

Marital status

Address

Postcode and city

Phone number

Property

Type

Detached house

Apartment/condominium

Legal structure

Sole ownership

Co-ownership

Jointly owned with spouse

Holder of a share certificate for a housing cooperative

Location

Property parcel No.

Address

Canton

Postcode and city

Costs

The member is responsible for covering the costs of the entry in the land registry.

Place/date

Signature

Place/date

Spouse's/registered partner's signature