

GEMINI Sammelstiftung
 c/o Avadis Vorsorge AG
 Zollstrasse 42
 Postfach
 8031 Zürich

GEMINI Sammelstiftung
 c/o Avadis Vorsorge AG
 Zollstrasse 42
 Postfach
 8031 Zürich

Purchase declaration

Employee benefits unit

Company

Fund type Pension fund Management scheme/supplementary fund

Insured person

Surname

First name

OASI number

Insurance number

Gender

Date of birth

Marital status

Address

Postcode and city

Declaration by the member for the purpose of personal purchase. Please provide me with

- an estimate for the purchase of the maximum benefits**
- an estimate for a purchase to compensate for early retirement at age:**
 Purchases for early retirement are only possible when there is no longer any possibility of purchasing the maximum benefits.
 64 63 62 61 60 59 58
- I have received an estimate of the possible purchase and/or the maximum possible purchase is stated on my personal insurance certificate

In the event of a change of job and entry into the employee benefits institution of a new employer, the vested benefit of the previous employee benefits institution and all other further savings assets in pillar 2 that are available in vested benefits institutions must be transferred, i.e. **paid in** to the new pension fund (Art. 4(2) et. seq. VBA). Such vested benefits, even if they are not subject to the duty of transfer, i.e. they are not governed by a change of job, **must be counted together with voluntary purchase benefits**. In addition and to a defined extent, the savings assets of unit-linked private insurance (pillar 3a) must be taken into account in the case of previously self-employed persons (Art. 60a OPO 2). Moreover, the possibilities for purchase following a move to Switzerland from abroad are limited (Art. 60b OPO 2). The member must complete their relevant details on the reverse side of this form for the benefit of the foundation.

I confirm the following points with regard to the personal purchase I wish to make:

1. I have withdrawn part of the savings capital to purchase home ownership. This withdrawal has not been repaid up until now. If applicable, please enclose records of all withdrawals and repayments.
 Yes No

2. I have made a withdrawal as a consequence of a divorce/dissolution of a civil partnership and would like to make a renewed purchase in the context of the transfer of my vested benefits. If applicable, please enclose a copy of the respective court decision.
 Yes No

Subsequent to the divorce withdrawal, I have made a purchase in a different employee benefits institution in the amount of CHF _____

3. There are **no** vested benefit accounts or policies within the framework of pillar 2.
 The following vested benefit accounts/policies exist within the framework vested benefit institutions. Please enclose current statements.

Balance/surrender value as per 31 December of the previous year	Name/address of bank or insurance company
CHF _____	_____
CHF _____	_____

4. I have worked in a self-employed capacity during which time I have paid contributions to pillar 3a. If applicable, please enclose current statements relating to the 3a accounts.
 Yes No

5. Did you move to Switzerland from abroad?

Yes Cross-border commuter No

If yes or cross-border commuter:

I have lived or worked in Switzerland since _____

Have you ever been a member of a Swiss pension fund before this? Yes No

If yes, please state the name of the employee benefits institution _____

6. I am receiving pension benefits from a different employee benefits institution. If applicable, please enclose a copy of your current tax certificate.
 Yes No

I hereby confirm with my signature that I have answered all questions truthfully and thoroughly and take note of the fact that I am responsible for asserting any tax claims associated with a personal purchase and for ascertaining whether such purchase is tax deductible.

Place/date

Signature

Telephone number for queries