

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

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Self-employment questionnaire

Insured person's details

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

For vested benefits to be paid out in cash in the event that the member becomes self-employed as their main occupation, we require the following information. Questions for the member:

1. When did you become self-employed as your main occupation?

Date

-
2. What annual salary did you submit to the compensation fund that you are currently entered into as a self-employed person?

CHF

-
3. In addition to your self-employment, are you still employed by a company or do you plan to begin another occupation?

Yes No

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4. What is your current income or how much do you expect to earn outside of your self-employment?

CHF

5. Are you a member of an employee benefits institution within the context of employment as an employee?

Yes No

6. Within the context of incentive measures for taking up self-employment, are you currently receiving support from the unemployment insurance fund or do you plan to apply for such benefits?

Yes No

7. Have you signed a lease for commercial space within the context of your self-employment? If applicable, please enclose a copy.

Yes No

8. Are you already employing employees within the context of your self-employment? If applicable, please enclose a copy of their contract(s) of employment.

Yes No

For the final assessment of your request for cash payment of your vested benefits, the foundation requires the following documents:

- A valid application for cash payment – form “Details for the transfer of the vested benefits”
- Written consent of your spouse to the cash payment of vested benefits (incl. a notarised signature) or a valid certificate of your current marital status if you are unmarried
- The decision of the responsible compensation fund upon the establishment of self-employment
- A current extract from the commercial register
- If you answered “Yes” to question 3, a copy of all untermiated employment contracts (incl. temporary positions, if applicable)
- A copy of the lease for your commercial property
- Copies of the employment contracts for any employees you have already employed
- Documents providing evidence of large business purchases
- A copy of your business plan
- Other documents that prove that you are self-employed as your main occupation

The foundation reserves the right to request further documents to review your application for a cash payment of vested benefits.

The member hereby confirms that they have answered all of the above questions truthfully. If the information provided does not reflect the actual state of affairs, the employee benefits institution rejects all liability.

Place/date

Signature