

**Occupational pension plan
Application for collective insurance
Form for new business**

Company _____

Contract No. * _____ Insured person No.* _____

Category All employees Executive managers _____

* Fields can be filled in by Allianz Suisse Life

Insurance applicant

Name _____

First name _____

Street/No. _____

Postcode, City _____

Date of birth _____

AHV No. _____

Phone No. _____

E-mail _____

Female Male

Occupation _____

Single Divorced¹

Widowed¹

Married since _____

in registered partnership since _____

German French Italian

English

Start of **employment contract** on _____

Start of **insurance** on _____

Full time equivalent (FTE) _____ %

(Complete only if date differs from date of commencement of employment contract)

Annual AHV salary CHF _____

(For commencement of employment contract during a calendar year, please round up to a full calendar year)

Have you been obliged to stop working fully or partly for health reasons for more than two weeks over the past three years?

Yes No If **Yes**, the complete medical questionnaire must be submitted.

Are you drawing social security benefits (e.g. IV, UV, MV, pension fund) or have you applied for such benefits?

Yes No If **Yes**, the complete medical questionnaire and copies of the documents (ruling/decisions) must be submitted.

Has the Federal Disability Insurance (IV) reduced or terminated your pension after 31 December 2011 with effect from 1 January 2012 or later?

Yes No If **yes**, please see the additional information on our information sheet "6th IV Revision" online: www.allianz.ch/bvg-dokumente

Transfer of vested benefits

Previous employer (name and address) _____

Previous pension plan (name, address, contract) _____

Vested benefits with banks or insurance companies _____

(Name, address, policies or account number) _____

There are no vested benefits which could be transferred to Allianz Suisse.

Allianz Suisse Life Insurance Company Ltd (ASL) will request the vested benefits balance on the basis of the above information from the previous insurer, which will increase your insurance cover accordingly. The person requesting insurance cover acknowledges the regulations that apply to the present pension cover. He/she authorizes the employer to inform the pension scheme (PS) at the time of his/her departure in which form the pension cover should be paid out. If no such information is provided within one month of departure, a decision on the maintenance of pension cover shall be taken by the PS according to the regulations. This decision will be communicated to the insured person in the departure form or in another manner. This authorization may be revoked at any time.

I do **not** agree with this provision in the pension regulations.²

By signing, the signatories confirm that the information they have provided is complete and accurate. They acknowledge that the insurance cover depends on the accuracy of the data and that, in the event that this duty to provide information is violated, the corresponding benefits in the super-mandatory and non-mandatory segment may be reduced or denied. Regardless of the answer to the questions listed under "Insurance Applicant", the insurance applicant authorizes ASL and the PS to provide, as part of the application review, Allianz Suisse Insurance Company Ltd (ASV) with personal data received in connection with proposed or existing collective daily sickness benefits insurance and/or accident insurance through ASV.

Place and date

Stamp / signature of employer or fund

Signature of insurance applicant

1 Applies both to marriage and a registered partnership.

2 In this case, the departure benefit will be transferred to the National Substitute Pension Plan (Stiftung Auffangeinrichtung BVG) within a period of six months to two years after departure.