

**Occupational pension plan  
Confirmation of use of advance withdrawal**

Company \_\_\_\_\_

Contract No. \* \_\_\_\_\_ Insured person No. \* \_\_\_\_\_

\*) Fields can be completed by Allianz Suisse

**Insured person**

Name \_\_\_\_\_ First name \_\_\_\_\_

Street/No. \_\_\_\_\_ Postcode, City \_\_\_\_\_

**Property Ownership**  Single family residence  Condominium unit  
 Sole ownership  Joint ownership  \_\_\_\_\_ % co-ownership

**Early withdrawal** CHF \_\_\_\_\_

**Date of payment** if all documents are available, on \_\_\_\_\_  
 after receipt of all documents

**Recipient of lump sum** Name of bank \_\_\_\_\_  
Postcode, City \_\_\_\_\_  
Bank account No. \_\_\_\_\_  
Account holder \_\_\_\_\_

**Use** The undersigned recipient of the lump sum undertakes to use the amount as prescribed by the law on the promotion of home ownership (*Wohneigentumsförderungsgesetz*).  
 for full or partial repayment of  
 1<sup>st</sup> mortgage  2<sup>nd</sup> mortgage  building loan  \_\_\_\_\_  
 for direct payment of the purchase price (full or partial)  
 \_\_\_\_\_

**Restrictions** The undersigned recipient of the lump sum undertakes not to,  
- Transfer the lump sum to the insured person's personal account or to pay out the lump sum to this person;  
- use the lump sum to finance regular maintenance of residential property;  
- use the lump sum to pay off mortgage interest or similar.

**If incomplete documents are submitted,**  
the recipient of the lump sum undertakes to repay the advance withdrawal amount (including interest) if Allianz Suisse Life Insurance Company Ltd does not receive the following documents on time:

- Proof of domicile stating new place of residence – must be submitted within two months after signing
- Copy of land register extract in which the residential property is registered under the name of the insured person – must be submitted within two months after signing

**Declaration of insured person to direct recipient of lump sum**

The undersigned confirms that he/she is willing and able to produce the aforementioned necessary documents within the statutory period.

Place and date \_\_\_\_\_ Signature of insured person \_\_\_\_\_

Place and date \_\_\_\_\_ Stamp and signature of recipient of lump sum \_\_\_\_\_