## Application for early withdrawal for home ownership

Insured person	
First name	Date of birth
Last name	AHV/AVS no.
Address	Marital status
Postcode/place	Tel.
E-mail	
Voluntary buy-in contributions/early withdraw	vals
☐ I have made a voluntary buy-in contribution to	the pension fund in the last three years.
☐ I have already made an early withdrawal or pl encouragement scheme.	edged vested benefits under the home ownership
If you tick one of these two boxes we will have to	clarify the matter further.
Desired amount	
Early withdrawal of CHF(see information leaflet for minimum amount)	
Date of payment	
Month and year	
Payment details	
☐ Applicant's mortgage account	☐ Seller's account
Bank/financial institution	Clearing no.
Account no	IBAN no.
SWIFT code	In favour of

## General Electric Switzerland Pension Fund

Pι	urpose of early withdrawal	
	To buy residential property	☐ To build new residential property
	To buy shares in housing cooperative	☐ To repay mortgage
Fo	orm of ownership	
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	Sole owner	□ Part owner
	Joint owner with spouse/partner	☐ Member of cooperative
Ac	ddress of property/new home address	
Street address		Postcode/place
Canton/country		Valid as of
Si	gnature of spouse/partner	
Pla	ace and date	Signature of spouse/partner
 Pla	ace/date	Notarisation of signature
Co	onfirmation of accuracy	
	nave read the information leaflet and accept its is form is true and accurate, and that I am fully	terms. I also confirm that the information provided on fit for work.
 Pla	ace/date	Signature of member

## **Confirmation of purpose**

Mortgage repayment			
To be completed and signed	by the mortgage lender or bank		
•	vested benefits belonging to the applicant, (name), will be used exclusively to repay mortgage no.		
residence).	, in the name of on owner-occupied property (their main place of		
The debt on the mortgage is	CHF		
Building/buying property			
To be completed and signed	by the lender/seller (bank, notary or seller)		
	vested benefits belonging to the applicant, (name), will be used exclusively to purchase or build owner-occupied		
property (their main place of	residence). The applicant does not have direct access to the account.		
Housing cooperative			
To be completed and signed	by the president and bookkeeper of the cooperative		
We hereby confirm that the	vested benefits belonging to the applicant, (name)		
	, will be used exclusively to acquire shares in the housing cooperative		
(name)	The applicant does not have direct access to the account.		
Signature			
Place/date	Stamp and signature		