

Application for benefits from the Hardship Fund of Credit Suisse Group (Switzerland)

1. Applicant

Last name/First name	
Street/no.	
Postal code/town/country	
Date of birth	
Telephone	
Email	
PID no. (if applicable)	
AHV no.	
Representative/conservator	
Account number	

2. Disclaimer

The Hardship Fund of Credit Suisse Group (Switzerland) can only offer selective support to beneficiaries (current and retired employees of Credit Suisse Group AG and certain closely affiliated companies, and their families) who are facing financial hardship through no fault of their own. There is **no legal entitlement** to benefits. Any decision to grant benefits is at the discretion of the Hardship Fund. The Fund will only process fully completed applications that are accompanied by all the necessary supporting documents. The Hardship Fund does not grant loans. The Hardship Fund does not arrange pensions or other similar schemes. Any benefits received from the Hardship Funds are taxable. Information shared with the Hardship Fund is treated confidentially and will not be communicated to the Credit Suisse Group.

3. Costs for which the application is being made

- ☐ Debt counseling service (the Hardship Fund arranges the debt counseling service)
- ☐ Dentist Amount: _____
- ☐ Optician Amount: _____
- ☐ Hearing aid (include proof of payments from the Federal Disability Insurance (IV) and health insurer) Amount: _____
- ☐ Health insurance plan deductible Amount: _____
- ☐ Settlement of minor debts Amount: _____
- ☐ Lump sum in cases of financial shortfall (e.g. pension seizure) Amount: _____
- ☐ Mobility costs (e.g. mobility aids, costs for transport by taxi, public transport, car, etc.) Amount: _____
- ☐ Other: _____

4. Reason for application

(Brief explanation of how the financial hardship arose and how assistance can be provided)

5. Supporting documents

- ☐ Full copy of most recent tax return without supporting documents (mandatory for each application)
- ☐ Invoice(s) and/or cost estimate relating to the application
- ☐ Details of health insurance plan deductibles or rejection by plan of a request to assume costs
(mandatory for healthcare costs)
- ☐ Details of payments by other third-party payers (disability insurance scheme, municipality, etc.)
- ☐ Any powers of attorney
- ☐ Other documents

6. Signature

Place/date

Signature of insured/pension recipient and/or
representative/conservator
