

## PENSION FUND OF CREDIT SUISSE GROUP (SWITZERLAND)

P.O. Box CH-8070 Zurich credit-suisse.com/pensionfund Pension.Fund@credit-suisse.com

## **Application for continued insurance in the Pension Fund**

(Pursuant to Art. 18 of the Pension Fund Regulations)

your employment. Email: Pension.Fund@credit-suisse.com

I hereby wish to apply for continued insurance in accordance with Art. 47a of the Federal Act on Occupational Retirement, Survivors' and Disability Pension Plans (BVG). My employment was terminated by my employer after I reached the age of

1. Personal details	
Last name/First name	
Street and house no.	
Postal code/Town or city	
Date of birth	
PID no.	
Personal phone number	
Personal email address	
2. Continued insurance  Date of termination of employment	I
My earnings capacity as a percentage is currently (0%–100%)	%
Desired pensionable salary for the accumulation of a retirement p	
(No minimum amount: CHF 0 possible; maximum: last pensional	CHF
Desired pensionable salary to cover the risks of death and disabil	·
(min. pensionable salary for a retirement provision, min. CHF 14,	
maximum: last pensionable salary)	
The contribution is paid on a monthly basis from the Credit Suisse account in my name	IBAN
3. Signature I confirm that I am not currently signed up with any other pension be reported to the Pension Fund of Credit Suisse Group (Switzerland)	
Place, date Sign	nature of the insured
Please send the signed form to the Pension Fund of Credit Suisse Group (Swi	tzerland), JPKS no later than one month after the termination of