

Application for Voluntary Contribution (Form E2)

(self-assessment)

Surname		Forename		Date of birth
SS no.		Marital status	5	Telephone
email (priv	/ate)			
		ension fund are subject to the statutory te . 60a/60b BVV 2) and to the terms set out		
	contributio		Date	,
W		lease make sure that your answers to the your application and issue a deposit sli		
1. Have y	ou ever bee	en self-employed?		
No	Yes,	my current total credit in Pillar 3a amo	unts to:	CHF
		nny credit in occupational pension schen ts foundations (banks or insurance com		titutions
No	Yes,	my current total credit with pension sol benefits foundations in Pillar 2 (BVG) a (Please enclose written verification/ba	mounts to:	CHF
3. Have y	ou moved t	o Switzerland from abroad in the last fi	ve years?	
No	Yes,	I moved to Switzerland on	(date)	
If so, were	you already	in a Swiss pension scheme before moving	to Switzerland?	
No	lo Yes, (Please enclose insurance certificates and/or termination statements)			
4. Have y	ou already	made an advance withdrawal for home o	ownership purposes (WEF))?
No	Yes,	on	(date)	CHF
form (mon retirement it is to be	netary compe t benefit) for expected th	ter a voluntary purchase of additional pensensation instead of an old-age pension, ear a period of three years. If a capital paymer at, according to tax law, a deduction is not ax authority myself in advance. The founda	y withdrawal for home own nt or early withdrawal is clai permissible for the relevant	ership or cash payment of the med before the three years expire, purchase. I will request appropriate
Place and	date		Signature	
Send to	•			

Livica Sammelstiftung, Postfach, 3000 Bern 22 info@livica.ch, www.livica.ch