

EMPLOYER

Contract No.: _____ Plan No. (if applicable): _____

Company name: _____

APPLICANT

Date of admission: _____ Date of birth: _____

Last name: _____ First name: _____

Marital status: single married registered civil partnership under the LPart
 divorced* widowed* *applies analogously to registered civil partners (LPart)

AVS No.: _____ Date of marriage/registered partnership: _____

Request for AVS number pending

Sex: male female Spouse's date of birth: _____

Choice of plan (if applicable): _____ Annual reference salary (calculated for a full year): CHF _____

Employment rate : _____ %

Language: French German English Profession: _____

Home address: _____

Telephone: _____ Email: _____

Name and address of previous employer: _____

Name and address of previous pension fund: _____

Information on the applicant's capacity to work

1. At the date of admission, does the applicant suffer from a full or partial incapacity for work? yes no

2. At the date of admission, is the applicant receiving disability (AI) benefits or has the applicant applied or does the applicant plan to apply for benefits? yes no

If so, what is the disability rating as determined by the AI? _____ %
(enclose a copy of the AI decision)

Place and date: _____ Employer's stamp and signature: _____

PLEASE RETURN TO:

AVENA - Fondation BCV 2e pilier
c/o Banque Cantonale Vaudoise
Case postale 300
1001 Lausanne