

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

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