

Profond Vorsorgeeinrichtung Zollstrasse 62 8005 Zürich T 058 589 89 81 Profond Institution de prévoyance Avenue de la Rasude 5 1006 Lausanne T 058 589 89 83

Questionnaire for the allocation of vested benefits in the case of divorce

Insured pe	rson		
Name		First name	
Street/no.		Postcode/place	
Date of ma	irriage	SC no.	
Employer			
1. Please specify the exact date of the start of the divorce proceedings:			
	u made any one-off contributions during you n personal property by law (Art.198 ZGB)? Documents If yes and if you have made such pay enclose confirmation from the forme	ments while you were not insu	
3. What is the name of the pension fund with which you were insured at the time of your marriage? Name of pension fund			
	ave been insured with another pension fund to as of your date of marriage.	nan Profond, you must specify	the calculated termination
Termina	tion benefits as of date of marriage: CHF		
•	u made an early withdrawal during your marri	age for residential property?	
	If yes: Please have the following sums calcula was made:	ated by the pension fund at wh	ich the early withdrawal
	Termination benefits as of the value date of t	he early withdrawal: CHF	
	Matrimonial portion as of the value date of th	e early withdrawal: CHF	
information No	d person confirms that he or she has answeren provided does not reflect the actual facts.		and accepts no liability if the
Place, date)	Signature of the insured pe	rson
Please retuments.	ırn the completed questionnaire with a legally	valid signature and together v	vith all the required docu-

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