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## Questionnaire on cash payment of vested benefits when starting freelance work

Insured person	
Name	First name
Street/no.	Postcode/place
Social insurance no.	
Questions for the insured person	
1. When will you start the freelance work?	Date [
2. What annual salary for freelance work did compensation office?	you report to your responsible  CHF
3. In addition to being self-employed, are yo	ou still employed by a company?
□ No	
☐ Yes What income do you earn in addit  CHF	tion to what you earn from freelance work?
Are you already affiliated with a p	ension fund in your capacity as an employee? ☐ Yes ☐ No
Documents  - Request for cash payment  - The written consent of your spous spouse) or a certificate of current divorced applicants  - A decision from the relevant come capacity  - Current extract from the commercial figure answered Question 3 with tracts  We reserve the right, where necessary, to recognize the payment.	se to the cash payment (including the notarised signature of your to marital status (no older than six months) for unmarried, widowed or pensation office about when you started working in a self-employed cial register (if available) 'Yes", please enclose a copy of all your ongoing employment conquest further documents that will help us to assess the claim for cash
Confirmation The insured person confirms that he or she he liability if the information provided does not	nas answered all questions truthfully. The pension fund accepts no reflect the actual facts.
Place, date	Signature of the insured person

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