

Profond Institution de prévoyance Rue des Côtes-de-Montbenon 16 1003 Lausanne T 058 589 89 81



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

Insured person			
Name		First name	
Street/no.		Postcode/place	
Date of marriage		SC no.	
Employer			
1. Please specify the exact date of the start of the divorce proceedings:			
	de any one-off contributions during you sonal property by law (Art.198 ZGB)? Documents If yes and if you have made such pay enclose confirmation from the forme	yments while you were	
3. What is the na	ame of the pension fund with which you	u were insured at the ti	ime of your marriage?
	een insured with another pension fund t i your date of marriage.	than Profond, you mus	t specify the calculated termination
Termination b	penefits as of date of marriage: CHF		
4. Have you mad	de an early withdrawal during your marr	iage for residential pro	pperty?
	: Please have the following sums calcul nade:	ated by the pension fu	nd at which the early withdrawal
Term	ination benefits as of the value date of	the early withdrawal:	CHF
Matri	monial portion as of the value date of th	ne early withdrawal:	CHF
Confirmation The insured person confirms that he or she has answered all questions truthfully. Profond accepts no liability if the information provided does not reflect the actual facts. Note We recommend that you take legal advice when filling out this questionnaire.			
Place, date	_	Signature of the in	sured person
Please return the ments.	e completed questionnaire with a legall	y valid signature and to	ogether with all the required docu-

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