

Registration for external membership in accordance with Art. 7c Pension Fund Regulations

Employer

Company _____ Contract no. _____
Subject ☐ Basic pension ☐ Supplementary pension ☐ _____

Insured person

Surname _____ First name _____
Street/no. _____ Postcode/place _____
Date of birth SC no. _____

AHV annual salary

AHV annual salary, CHF _____ valid from Level of employment _____ %

Continued insurance

Valid from
☐ Continued savings and risk insurance
☐ Continued savings insurance

Confirmation

By signing, the insured person confirms that they are aware of and acknowledge the following:

- The regulatory employee and employer contributions (including the contribution for administration costs) must be fully paid by the insured person. The contributions are paid quarterly.
- The external membership will end when the insured person transfers to the pension fund of a new employer, when the insured person reaches the reference age, retires early, becomes disabled or dies.
- The external membership is not applicable to cross-border commuters. Only those individuals domiciled in Switzerland or, alternatively, subject to the AHV may take out continued insurance. Profond must be notified if the insured person's place of residence is moved abroad during the period of external membership.

Comments

Place, date

Signature of the insured person