

Pledge to return funds



CIEPP

Caisse Inter-Entreprises
de Prévoyance Professionnelle

ZKBV - Zwischenbetriebliche Kasse für Berufliche Vorsorge
CIPP - Cassa Interaziendale di Previdenza Professionale

PERSONAL DATA OF THE INSURED PERSON

Name:	First name:
AVS no: 756.	
Address:	
Post code and place:	
Name of current employer:	

ACCESS TO HOME OWNERSHIP THROUGH OCCUPATIONAL PENSION INSURANCE

Dear Sir or Madam,

Further to my request for advance payment of my retirement assets with your institution, to enable access to home ownership for my own use (**primary residence**), I have taken note of my obligation to reimburse the amount received to a pension fund or vested benefits foundation, in Switzerland, if the property owned is sold or if economically equivalent rights are granted on the said property.

Consequently I undertake to pay the amount received as advance payment to a pension fund or vested benefits foundation in Switzerland, in the event of disposal.

I am informed that this obligation to reimburse remains until the beginning of the entitlement to retirement benefits, until the occurrence of another pension insurance case or until payment in cash of the vested benefits.

Place: _____ Date: _____

Signature of the insured person: _____

Signature of the spouse or registered partner: _____

Offices	Bulle	Rue Condémine 56	T 026 919 87 40
	Fribourg	Rue de l'Hôpital 15	T 026 552 66 90
	Neuchâtel	Av. du 1 ^{er} -Mars 18	T 032 727 37 00
	Porrentruy	Ch. de la Perche 2	T 032 465 15 80

Administrative headquarters of the pension fund
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