

**This declaration must be sent to the Pensionskasse
along with the entry form, Art. 3 of the Regulations**

CONFIDENTIAL

Pensionskasse Alcan Schweiz, Zürich
via personnel services

Declaration upon entry into the Pensionskasse

Dear Sir / Madam

I shall enter into an employment relationship with a company connected to the Pensionskasse on _____ . I am able to make the following declaration to you in advance with regard to my acceptance into the Pensionskasse:

Joining benefit: transfer of the leaving and free movement benefits

- I was previously covered by an occupational benefit scheme, and am entitled to total leaving benefits of about CHF _____ .
 - A copy of the settlement from my previous benefit scheme(s) is enclosed.
- In addition, I also have further entitlements from earlier employment relationships.
 - Copies of all the certificates documenting my entitlements are enclosed.
- I do not have any assets or entitlements from earlier employment relationships.
- I have not previously been insured by any benefits organization in Switzerland, and do not have any entitlement to leaving/free movement benefits.

Restriction of benefits in the previous benefits organization

In my previous benefits organization, my insured benefits were restricted, or subject to special conditions, for the following reasons:

- Special conditions on the grounds of health
- Insured benefits reduced because of advance payment for home ownership
- Pledging arrangement for home ownership
- Distribution as a result of divorce
- Other special conditions: _____
- There are no special conditions or restrictions.

Benefits previously obtained from insurance schemes covering lack of employment

I have previously claimed as follows as a result of illness or injury (sickness or injury benefit, disability pension or similar compensation):

from _____ to _____ Insurance: _____

from _____ to _____ Insurance: _____

Declaration of health

- I currently feel healthy, am able to work without restriction and am not subject to any infirmity, serious disease or addiction (e.g. alcohol or drugs).
- I grant permission for your medical examiner to obtain the necessary details from my general practitioner (For address of general practitioner and any remarks: see reverse, or on an additional sheet).

Name, address and tel. no. of the person newly entering the scheme:

Date: _____ / Signature: _____

Date:

Stamp + signature of personnel services:

please turn