

Profond Institution de prévoyance Avenue de la Rasude 5 1006 Lausanne T 058 589 89 81



Application for cash payment upon taking up self-employment

Incured person			
Insured person Name	First name		
Street/no.	Postcode/place		
Social insurance no.			
Questions for the insured person			
1. When will you start your self-employed activity	?	Date _	
2. What annual salary for your self-employed active responsible compensation office?	vity did you report to your	CHF _	
3. In addition to being self-employed, are you still	employed by a company?		
□ No			
☐ Yes If so, what income do you generate out	tside of your self-employment	:?	
CHF			
Are you already affiliated with a pensio	n fund in your capacity as an e	employee?	□ Yes □ No
We require the following documents to definitively	/ assess your request for cash	payment:	
Documents - A decision from the relevant compensations and the relevant compensations are also as a second compensation and the relevant compensations are also as a second compensation and the relevant compensations are also as a second compensation and the relevant compensations are also as a second compensation and the relevant compensations are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation and the relevant compensation are also as a second compensation are a second compensation are also as a second	ation office about when you st	arted workinç	g in a self-employed
capacityCurrent extract from the commercial re	agister (if available)		
 If you answered Question 3 with "Yes", tracts 		our ongoing e	employment con-
We reserve the right, where necessary, to request payment.	further documents that will he	elp us to asse	ess the claim for cash
Confirmation			
The insured person confirms that he or she has ar liability if the information provided does not reflec		/. The pension	n fund accepts no
Place, date	Signature of the insu	ıred person	

Please also complete page 2 in full

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Payment details for my vested benefits		
Insured person's bank		
IBAN	BIC/SWIFT	
	or living in a registered partnership – their spouse or their ension cover ceases upon cash payment and all claims	
Place, date	Signature of the insured person	
Place, date	Spouse's or registered partner's signature	
ment of the spouse or registered partner. Unn	HF 5000, please submit a copy of the official identity docunarried persons (single/widowed) are requested to always lificate. The civil status certificate and official certification	