

Request for benefits for the encouragement of home ownership (EPL)



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

Last name:	First name:
Civil status:	AVS no.: 756.
Date of birth (dd/mm/year):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	
Post code and town:	Telephone:
E-mail:	
Name of current employer:	

Have you ever received an EPL advance payment before this application? ☐ no ☐ yes

If so, on what date (day/month/year): _____

The insured person confirms that he/she has not made **any contribution buybacks** in the last three years. He/she wishes, for his/her main residence (own needs):

1. to buy his/her own home or equity shares ☐ no ☐ yes
2. to buy or repay his/her mortgage debt ☐ no ☐ yes
3. to build his/her own home ☐ no ☐ yes
4. to carry out works (other than routine maintenance) ☐ no ☐ yes

Address of the future home (if known): _____

Desired amount:

☐ Total amount available ☐ Partial amount, please specify: CHF _____

(applications are usually processed within 90 days of the file being completed)

Desired payment date (day/month/year): _____

Are you currently at full working capacity? ☐ no ☐ yes

By signing this form I certify that I have taken note:

- of the explanatory note on the promotion of home ownership
- that the costs of compiling the file amount to CHF 400.00 and are at my expense
- of the impact on the benefits provided:
 - > For the MEDIA (2), MAXIMA (5), OPTIMA (3) and SOR-COLLECTIVA plans. The retirement pension is reduced in proportion to the amount withdrawn.
 - > For the MINIMA (1) and SUPRA (4) plans. The risk benefits for disability and death as well as the retirement pension are reduced in proportion to the amount withdrawn.
- of my obligation to repay the amount received if the property is sold or if economically equivalent rights are granted over the property.

Place and date: _____

Signature of the insured person: _____

Certified signature of the spouse
or registered partner (LPart)*: _____

Box reserved for the certification of
the signature by the competent authority

* The certified signature of the spouse or registered partner (LPart) is required for lump-sum payments if you are married, separated, a registered partner (LPart), or in the process of getting a divorce or legally dissolving a registered partnership (LPart). To do so, you can either come to our reception desk (with original identity papers and the family record book or family certificate) or return the application signed by the spouse or registered partner (LPart) and certified before a registrar or notary (legalised signature). Finally, if you are divorced or widowed, a former registered partner (LPart) or a survivor, please attach a copy of an individual civil status certificate that is less than one month old.

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
Rue de Saint-Jean 67 – PO Box – 1211 Geneva 3
T 058 715 31 11 – ciepp@fer-ge.ch – www.ciepp.ch