

Undertaking of the insured person



CIEPP

Caisse Inter-Entreprises
de Prévoyance Professionnelle

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

PERSONAL DETAILS 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 deposited with your institution, for access to home ownership for my own use (**main residence**), I the undersigned,

_____ (name, first name) inform you that:

the approximate move-in date is _____

I confirm that I undertake to use the property acquired for my own use and to provide the CIEPP with the following documents:

- ☐ Residence certificate issued by the new commune, upon taking possession of the premises.
- ☐ Attestation of departure from Switzerland from the Cantonal Population and Migration Office (only for insured persons living in Switzerland and settling abroad), upon departure from Switzerland.

If the documents are not provided within the deadlines set, I have taken note that the CIEPP reserves the right to review the justification for the advance payment.

Place: _____ Date: _____

Signature of the insured person: _____

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

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