

FORM FOR INSURED PERSONS

Application for voluntary continued insurance with SVE from the age of 58

(art. 8 para. 1^{bis} and Appendix 3b of the Pension Fund Regulations)

Insured persons who leave the SVE after the age of 58 because their employment relationship has been terminated by the employer may continue to be insured with the SVE. Insurance can be continued either on the basis of the **current insured salary** or on the basis of a **lower insured salary**; it can either include **provision for retirement and risk insurance or risk insurance only**. This fully completed and signed form must be submitted to Sulzer Vorsorgeeinrichtung, Postfach, 8401 Winterthur, **together with proof of termination by the employer, no later than 1 month after** termination of the working relationship.

Personal details

Name and first name

Tel. private

Street

E-Mail private

Postcode/town

Employer

Employee no.

Termination of last employment relationship
(DD.MM.YYYY)

Application

Scope of continued insurance

I apply for the following scope of continued insurance:

- ☐ **Retirement provision and risk insurance** (death and disability). I undertake to pay all employee and all employer contributions, i.e. savings and risk contributions, as well as contributions to administrative costs.
- ☐ **risk insurance only** (death and disability). I undertake to pay all employee and all employer contributions, i.e. risk contributions as well as contributions to administrative costs.

Insured salary

I apply for the following applicable annual salary to determine the insured salary:

- ☐ current annual salary
- ☐ lower annual salary: CHF (min. CHF 22'680; status 2025)

If you apply for a lower annual salary, please be aware of the following risks:

- **Reduced benefits in the event of a claim:** In the event of disability or death, the benefits (disability or survivors' benefits) will be correspondingly lower. Pursuant to the Pension Fund Regulations, these benefits will be calculated on the basis of the average insured annual salary for the last three years prior to the occurrence of the event.
- **Immutability of salary:** The lower annual salary selected may not be adjusted for the entire period of continued insurance. The only exceptions to this rule are an annual change of savings plan or changes due to legal/regulatory requirements.

☐ **I confirm that I have understood the risks described above and still wish to apply for the lower annual salary.**

Savings plan

I apply for the following savings plan (specify only in the case of both pension provision and risk provision):

- ☐ Basic Plan
- ☐ Comfort Plan
- ☐ Super Plan

Important notes

- For the duration of the continued insurance, voluntary insurance cannot be changed; excepted are the annual change of savings plan and modifications to legal and regulatory provisions.
- For the duration of the continued insurance, regulatory rights and obligations shall continue to apply.
- Should the duration of the continued insurance exceed two years, the insurance benefits must be withdrawn in the form of a pension.
- Continued voluntary insurance is permissible only if the insured person remains insured with the AHV.

Signature

With my signature, I confirm that the information provided is correct and that I have understood the content of this form.

If I have applied for a lower annual salary, I also confirm that I have understood the above-mentioned risks and still wish to apply for the lower annual salary.

Place/date

Signature