

Notice of exit

Employer

Company Contract N°

Person details of insured

Last name

First name

AVS N° . . . Date of birth | | / | | / | | | |

E-mail Telephone

Address

Civil status single married divorced widow(er)
 registered partnership dissolved partnership

Information concerning exit

Date of exit (salary paid until) | | / | | / | | | |

Has the insured person been dismissed? yes no

Reason economic reorganization other

Is the insured person incapacitated for work resulting from an illness or accident? yes no

If yes, give some details (dates, causes, etc.)

Signature

Date / /
Place

Stamp, signature of employer



If already in possession of the necessary items for his exit benefit, the insured person may here and now complete the form overleaf.

Notice of exit

Person details of insured

Last name	<input type="text"/>		
First name	<input type="text"/>		
AVS N°	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
E-mail	<input type="text"/>	Telephone	<input type="text"/>

Transfer details

Please transfer my vested benefits to my new employer's pension institution or to a vested benefit account/policy.

Name and address of the new pension institution or vested benefit foundation

Name and address of the new employer

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Payment details

(Please attach a payment slip or bank statement)

IBAN	<input type="text"/>
Bank / Post	<input type="text"/>
Post code, City	<input type="text"/>
Account holder	<input type="text"/>

Signature

I declare that all the information provided above is in conformity with the truth.

Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of the insured
Place	<input type="text"/>	
<input type="text"/>	<input type="text"/>	



For a payment in cash, please request the relevant form