

Transfer request of the exit benefit

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

I am incapacitated for work resulting from an illness or accident yes no

If yes, since when / /

Information concerning the transfer

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

Bank / Post

Post code, City

Account holder

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