

Transfer request upon affiliation

To the new insured person

Employer name	<input type="text"/>
Contract N°	<input type="text"/>
Last name	<input type="text"/>
First name	<input type="text"/>
AVS N°	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/>

To the new insured person

We would like to extend a warm welcome to you at the Fondation Collective Opsion.

If you already have occupational pension cover as part of your previous employment, you are in principle entitled to a vested termination benefit. In accordance with the legal provisions, this benefit **must** be transferred to our pension fund.

If you have a vested benefits policy with an insurance company or a vested benefits account with a bank, you are also required to have this amount transferred to our foundation.

You simply need to send this form either to your former employer's pension institution or to your vested benefits foundation. Do not forget to fill in at the top your last name, first name, AHV number and the name of your new employer.

After receiving your vested benefit, the Fondation Collective Opsion will use it as a vested benefit contribution in your favour and will issue you with a pension certificate.

TO THE FORMER PENSION INSTITUTION

Please transfer our insured person's vested termination benefit (article 3(1) LFLP) in accordance with the payment details below and provide us with the information required to process this benefit.

Payment details

Banque Lombard Odier & Cie SA
1211 Genève 11
IBAN : CH64 0876 0000 0529 504A 1
Account holder: Fondation Collective Opsion
1218 Le Grand-Saconnex