

Request for the transfer of vested benefits

Personal data	
Resignation date:	Vested benefits in CHF:
Full name:	Dossier no:
Date of birth:	AVS no:
Marital status:	Nationality(ies):
Street:	
	Country:
Phone no:	Private email:
Please choose only one of the follow	ving categories (by ticking solution 1 or 2) and return the form to us.
1. ☐ Transfer to the pension fun contract)	d of your new employer (compulsory in case of a new employment
Please attach a deposit slip of the	e new pension fund and complete the information below.
Name of the new pension fund:	
	Contract no:
Start date of the activity:	
2. ☐ Maintain the benefit covera	ge in another form
on my vested benefits police	y no with Retraites Populaires
☐ on a vested benefits policy	to be created by Retraites Populaires
☐ on a vested benefits policy	or account with another institution
	f your new vested benefits institution together with a copy of the fits policy or account has been opened, and complete the information
Name of vested benefits institution	on:
Full address:	





Cash payment

Please note that you have the possibility to claim cash payment of your vested benefits under certain conditions (start of an independent economic activity, definite departure for a foreign country).

If you fulfil one of these conditions and wish to obtain a cash payment of your vested benefits, please return to us the form "Request for cash payment of vested benefits" available on our website www.profelia.ch.

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Signature	
I, the undersigned, hereby certify that the details more to a vested benefits institution.	nentioned above do indeed correspond to a pension fund
Place and date	Signature of the insured person
Profelia will only be able to process the vested	benefits transfer if the form is duly completed and the

requested documents are provided.