

Personal data

Resignation date:	Vested benefits in CHF:
Full name:	Dossier no:
Date of birth:	AVS no:
Marital status:	Nationality(ies):
Street:	
	Country:
Phone:	Private email:
Please tick the box of your choice, fill in all th signed.	e required information and return this form to us
Only one option	
□ Transfer to the pension fund of your new emplo	yer - compulsory in case of a new employment contract
Employer's name:	Contract no:
Please fill in the name and address of the pension fund below and enclose a QR-bill.	
IBAN no:	
Main tain the benefit coverage on my vested Populaires	benefits policy no with Retraites
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Cash payment

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 www.profelia.ch.

Signature

I, the undersigned, hereby certify that the information mentioned on this form do indeed correspond to a pension fund or to a vested benefits institution.

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.