## 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:	Private email:
Please tick the box of your choice, fill in all the requ	uired information and return this form to us signed.
Only one option	
☐ Transfer to the pension fund of your new emp (*Transfer details to be completed)	ployer - compulsory in case of a new employment contract
Employer's name:	Contract no:
Start date of the activity:	
☐ Maintain the benefit coverage on my vested Populaires	benefits policy no with Retraites
☐ Maintain the benefit coverage to be created by I confirm that I have read and accept the RP Ar data protection statement available on www.retr	c-en-Ciel General Terms and Conditions, as well as the
☐ Constitution of a vested benefits policy or a be completed)	account with another institution (*Transfer details to
* Transfer details  Please enclose a QR-bill from the institution vested benefits policy / account.	with a copy of the confirmation of the opening of your
Name and full address of the pension fund or ve	ested benefits institution
Name of financial institution:	
IBAN no:	



## 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, termination benefit is equal to less than the amount of his annual contributions).

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.retraitespopulaires.ch.

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I, the undersigned, hereby certify that the information pension fund or to a vested benefits institution.	ation mentioned on this form do indeed correspond to a
Place and date	Signature of the insured person
Trace and date	orginature of the insured person

Retraites Populaires will only be able to process the vested benefits transfer if the form is duly completed and the requested documents are provided.