

## Personal data

Expected transfer date:	$\Box$ as sooon as possible
Full name:	Policy 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 requir	ed information and return this form to us signed.
Only one option	
Transfer to the pension fund of your new emploit (*Transfer details to be completed)	yer - compulsory in case of a new employment contract
Employer's name:	Contract no:
Start date of the activity:	
	count with another institution (*Transfer details to
* <b>Transfer details</b> Please enclose a QR-bill from the institution wit vested benefits policy / account.	h a copy of the confirmation of the opening of your
Name and full address of the pension fund or vested benefits 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).

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 policy RP Arc-en-Ciel" available on www.retraitespopulaires.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

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