

## REQUEST TO TRANSFER VESTED BENEFITS

This form is used to obtain the information necessary for the funds from your Rentes Genevoises vested benefits policy to be transferred to a new benefits institution or to a new vested benefits foundation. It should be completed and signed by the policy holder.

### 1. Policy holder details

Policy n° : .....

Last name and first name : .....

Date of birth : ..... OASI (AHV/AVS) n° : .....  
(dd.mm.yyyy)

Marital status : ..... Since : .....

Address : .....

Postcode : ..... Town/City : .....

Country : ..... Phone number : .....

Email address : .....

### 2. Transfer to a new benefits institution

This is mandatory if you have a new contract of employment

Please enclose a payment slip and complete the information below.

Name and address of the new benefits institution : .....

.....  
.....

Name of bank/post office : .....

IBAN of benefits institution : .....

Contract n°/reference n° : .....

Name and address of new employer : .....

.....  
.....

To transfer to a new benefits institution, please send an email at this address:  
[info@rentesgenevoises.ch](mailto:info@rentesgenevoises.ch),



### 3. Signature

I hereby certify that the details mentioned above correspond to a benefits institution or vested benefits foundation.

Place : ..... Date : .....

Signature of the insured party : .....

**After the transfer has been made, I would like to be contacted by an advisor**

☐ yes

☐ no