



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. Reason for transfer

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 :

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Name of bank/post office :

IBAN of benefits institution :

Contract n°/reference n° :

Name and address of new employer :

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Retention of the occupational pension assets in a different form (taking out a vested benefits policy or setting up a vested benefits account with another institution)

Name and address of the new vested benefits foundation :

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IBAN of the new vested benefits foundation :



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