IMPRIMER

Retraites Populaires

Request for transfer of the vested benefits surplus

Personal data

Full name: ..... Dossier no: .....

Date of birth: ..... AVS no: .....

Marital status: ..... Nationality(ies): .....

Street: .....

ZIP, City: ..... Country: .....

Phone no: ..... Private email: .....

Data relating to the transfer of the vested benefits surplus

Please choose only one of the following categories:

☐ Transfer to my vested benefits policy no ..... by Retraites Populaires

☐ Transfer to a vested benefits policy to be created by Retraites Populaires

☐ Constitution of a vested benefits policy or account with another institution

Please attach a deposit slip of your new pension fund together with a copy of the confirmation that a vested benefits policy or account has been opened, and complete the information below:

Name of vested benefits institution: .....

Full address: .....

Signature

I, the undersigned, certify that the details mentioned above do indeed correspond to those of an occupational benefits institution or to those of a vested benefits institution.

....

Place and date Signature of the insured person

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

This form can be returned to us via your Espace personnel. If the legalisation of signatures is necessary, this must be done before sending the form.

Caroline 9 • CP 288 • 1001 Lausanne • 021 348 21 11 • www.retraitespopulaires.ch • Réception 8h00-16h30

F321_ANG - 03.2021

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