

Request for transfer of the vested benefits surplus

Pe	rso	nal	Ы	ata

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 benef	•
Please choose only one of the following categories	:
○ Transfer to my vested benefits policy no	by Retraites Populaires
\bigcirc Transfer to a vested benefits policy to be created	d by Retraites Populaires
\bigcirc Constitution of a vested benefits policy or accou	nt with another institution
Please attach a deposit slip of your new pension vested benefits policy or account has been opened	n fund together with a copy of the confirmation that a l, and complete the information below:
Name of vested benefits institution:	
Full address:	
Signature	
I, the undersigned, certify that the details mer occupational benefits institution or to those of a ver	ntioned above do indeed correspond to those of an sted benefits institution.
Place and date Si	gnature 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.

