



→ Please send the completed and signed form together with the necessary documentation to:

Stiftung Auffangeinrichtung BVG
Vested Benefits Accounts
P.O. Box
8050 Zurich

POFICHBEXXX (SWIFT)
CH50 0900 0000 8001 30227 (IBAN)

www.chaeis.ch

+41 44 468 22 22 (Tel.)
Telephone service (Mon. to Fri.)
8 a.m. to midday/
1.30 p.m. to 5 p.m.

Order Account statement

Note: Please complete the form electronically

Personal details	
Vested benefits account No. (if known):
Surname:
First name:
Street, No.:
Postcode, town, country:
Tel.:
E-mail:
Date of birth:
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
OASI (AHV/AVS) No.:
Marital status:	<input type="checkbox"/> single
	<input type="checkbox"/> married/registered partnership since (date):
	<input type="checkbox"/> divorced/dissolved partnership since (date):
	<input type="checkbox"/> widowed since (date):

Confirmation

With my signature I hereby confirm that the information is complete and correct.

Surname, first name:

Place, date: Signature:

Documentation required

Please send us the following additional documents so that we can process your order:

- *Copy of your OASI (AHV/AVS) card*

We may need additional information and documents. We will contact you if this is the case.