



→ 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

Feasibility check on a split of assets in the event of divorce/dissolution of partnership

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): |
| Initiation of divorce proceedings (date): | ..... |

Confirmation

I, as the account holder, hereby confirm with my signature that the information provided 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*
- *Copy of your marriage certificate/partnership certificate*
- *Confirmation of initiation of the divorce proceeding*

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