



## Application

### Transfer to a vested benefits account

Please fill in this form digitally or in clear block capitals.

#### Personal details

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Vested benefits account No. (if known) \_\_\_\_\_

Surname \_\_\_\_\_

First name \_\_\_\_\_

Street, No. \_\_\_\_\_

Postcode, town, country \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender ☐ f ☐ m

OASI (AHV/AVS) No. \_\_\_\_\_

Marital status ☐ single

☐ married/registered since (date) \_\_\_\_\_  
partnership

☐ divorced/dissolved since (date) \_\_\_\_\_  
partnership

☐ widowed since (date) \_\_\_\_\_

## Payment address

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☐ Bank account    ☐ Post office account

Account number \_\_\_\_\_

Name of the bank \_\_\_\_\_

Street, No. \_\_\_\_\_

Postcode, town, country \_\_\_\_\_

IBAN \_\_\_\_\_

SWIFT/BIC \_\_\_\_\_

Account in the name of    Surname \_\_\_\_\_

First name \_\_\_\_\_

Street, No. \_\_\_\_\_

Postcode, town, country \_\_\_\_\_

## Account holder confirmation

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By signing, I confirm that the information provided is complete and correct.

Surname, first name \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

## Documentation required

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

- Copy of your identity card or passport
- Copy of the application to open your new vested benefits account
- Paying-in slip

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



Stiftung Auffangeinrichtung BVG  
Fondation institution supplétive LPP  
Fondazione istituto collettore LPP

**Confidential**

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Please enclose this cover sheet with the documents you return to us. Thank you.

When returning your documents, please do not use paper clips, staples, or adhesive tape.

