Stiftung Auffangeinrichtung BVG
Fondation institution supplétive LPP
Fondazione istituto collettore LPP

Order
Account statement

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

Personal details

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 partnership since (date) _____

☐ divorced/dissolved partnership since (date) _____

☐ widowed since (date) _____

Account holder confirmation

By signing, I confirm 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 identity card or passport

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

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Confidential
Stiftung Auffangeinrichtung BVG
Vested benefits accounts
Elias-Canetti-Strasse 2
P.O. Box
8050 Zurich
SWITZERLAND

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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.