

Company: .....

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**PERSONAL DETAILS OF THE INSURED**

Last, first name: ..... Date of birth: .....

AVS N°: .....

E-mail: ..... Telephone: .....

Address: .....

Civil status:  single  married  divorced  widow(er)  
 registered partnership  dissolved partnership

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**INFORMATION CONCERNING EXIT**

Date of exit (salary paid until): .....

Has the insured person been dismissed?  yes  no

Is the insured person incapacitated for work resulting from an illness or accident?  yes  no

If yes, give some details (dates, causes, etc.): .....

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.....  
.....  
.....

Place, date: ..... Stamp, signature of employer: .....

**IF ALREADY IN POSSESSION OF THE NECESSARY ITEMS FOR HIS EXIT BENEFIT, THE INSURED PERSON  
MAY HERE AND NOW COMPLETE THE FORM OVERLEAF**

**PERSONAL DETAILS OF THE INSURED**

Last, first name: ..... Date of birth: .....

E-mail: ..... Telephone: .....

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**INFORMATION CONCERNING THE TRANSFER**

Please transfer my vested benefits to my new employer's pension institution or to a vested benefit account/policy.

Name and address of the new pension institution or  
vested benefit foundation:

Name and address of the new employer:

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**PAYMENT DETAILS**

(Please attach a payment slip or bank statement)

IBAN (max. 34 figures): .....

Bank / Post: ..... Post code, City: .....

Account holder: .....

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I declare that all the information provided above is in conformity with the truth.

Place, date: ..... Signature of the insured: .....

**FOR A PAYMENT IN CASH, PLEASE REQUEST THE RELEVANT FORM**