

Company name: _____

Last name, first name: _____

AVS N°: _____

TO THE NEW INSURED PERSON

We would like to extend a warm welcome to you at the Fondation de prévoyance PROFMED & PROLIBERA.

If you already have occupational pension cover as part of your previous employment, you are in principle entitled to a vested termination benefit. In accordance with the legal provisions, this benefit **must** be transferred to our pension fund.

If you have a vested benefits policy with an insurance company or a vested benefits account with a bank, you are also required to have this amount transferred to our foundation.

You simply need to send this form either to your former employer's pension institution or to your vested benefits foundation. Do not forget to fill in at the top your last name, first name, AHV number and the name of your new employer.

After receiving your vested benefit, the Fondation de prévoyance PROFMED & PROLIBERA will use it as a vested benefit contribution in your favour and will issue you with a pension certificate.

TO THE FORMER PENSION INSTITUTION

Please transfer our insured person's vested termination benefit (article 3(1) LFLP) in accordance with the payment details below and provide us with the information required to process this benefit.

Payment details:

Die Schweizerische Post
3030 Bern

IBAN : CH65 0900 0000 1412 0391 3

Account holder : Fondation de prévoyance PROFMED &
PROLIBERA
1260 Nyon