

# COPRÉ

## REQUEST TO TRANSFER VESTED BENEFITS

Affiliated company: ..... Contract No.: .....

### Personal data of the insured person

Name and first name: ..... Date of birth: .....

AVS No.: ..... Gender:  M  F

Address: .....

Tel. private/mobile: ..... Mail: .....

Civil status from: .....  single  married  divorced

bound by a registered partnership  partnership dissolved  widow(er)

### To the new person insured

We bid you a hearty welcome to COPRÉ.

If you were already insured in an occupational pension scheme with your former employer, you are entitled in principle to a vested benefit. By virtue of the legal provisions, this benefit must be transferred to our pension fund.

If you hold a vested benefit policy with an insurance or a vested benefit account with a banking establishment, you are also obliged to request the transfer of this amount to our foundation.

You simply need to send the present form either to the pension fund of your former employer or to your vested benefit foundation. Don't forget to inscribe above your name, first name, AVS number as well as the name of your new employer.

Upon receipt of your vested benefit, COPRÉ will treat this as a vested benefit contribution in your favor and will send you a benefits statement.

### To the former provident institution

Please transfer the vested benefit of our insured person (article 3, para 1 LFLP) in line with the payment details below and send us the information required for the treatment of this benefit.

Address:	COPRÉ Place de la Gare 12 1003 Lausanne
Payment details:	UBS Switzerland AG 1211 Genève 2 Clearing: 240 IBAN: CH40 0024 0240 5494 3601 R Account holder: COPRÉ