

# REQUEST TO TRANSFER VESTED BENEFITS



Company: ..... Contract no: .....

## Personal data of the insured person

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

NSS : ..... Gender :  M  F

Address: .....

Tel. private/mobile: .....

Civil status from:  single  married  divorced  
 bound by a registered partnership  partnership dissolved  widow(er)

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

## To the new person insured

We bid you a hearty welcome to the Collective de Prévoyance - 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, the Collective de Prévoyance - Copré will treat this as a vested benefit contribution in your favour 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.

<b>Address:</b>	<b>La Collective de Prévoyance - Copré</b> Place de la Gare 12 1003 Lausanne
<b>Payment details:</b>	<b>Credit Suisse</b> 8070 Zürich <b>Account:</b> 759783-51 <b>Clearing:</b> 4835 <b>IBAN:</b> CH18 0483 5075 9783 5100 0 <b>Account holder:</b> La Collective de Prévoyance - Copré