

Mandate to transfer the vested benefits

Please send this form to your previous employee benefits institution:

Address

Personal details of policyholder (principal)

First name, last name _____

Street, no. _____

Postcode, place _____

Date of birth _____

Social insurance no. (AHV) 7 5 6 . . .

Mandate to previous employee benefits/vested benefits institution

I hereby authorise you to transfer my vested benefit to my vested benefits account with the Vested Benefits Foundation Swiss Life:

Account-holding bank: Lienhardt & Partner Privatbank Zürich AG, 8024 Zurich

in favour of

First name, last name: _____

Address: Vested Benefits Foundation Swiss Life
c/o Swiss Life Wealth Management Ltd
Service Center
General-Guisan-Quai 40
8022 Zurich

IBAN:

<i>For the IBAN, please see the enclosed copy of the confirmation of account opening issued by the Vested Benefits Foundation Swiss Life.</i>

Reason for payment: Transfer of vested benefit 2nd pillar

Vested Benefits Foundation Swiss Life



Please send the statement of withdrawal benefit for my vested benefits to the Vested Benefits Foundation Swiss Life, c/o Swiss Life Wealth Management Ltd, Service Center, General-Guisan-Quai 40, P.O. Box, 8022 Zurich.

The Vested Benefits Foundation Swiss Life confirms that the transfer account specified in the confirmation of account opening is a vested benefits account within the meaning of Art. 10 FZV.

Place, date

Signature of policyholder

Enclosure: Copy of the confirmation of account opening from the Vested Benefits Foundation Swiss Life