

## Mandate to transfer the vested benefits

*Please send this form to your previous employee benefits institution:*

*Address*

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### Personal details of policyholder (principal)

First name, last name 

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Street, no. 

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Postcode, place 

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Date of birth 

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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: 

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

IBAN:

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

Reason for payment:      Transfer of vested benefit 2nd pillar

Please send the statement of withdrawal benefit for my vested benefit to the Vested Benefits Foundation Swiss Life, c/o Swiss Life Ltd, Service Center LPZ, 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.

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Place, date

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Signature of policyholder

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