

### Personal data

Resignation date: ..... Vested benefits in CHF: .....  
Full name: ..... Dossier no: .....  
Date of birth: ..... AVS no: .....  
Marital status: ..... Nationality(ies): .....  
Street: .....  
ZIP, city: ..... Country: .....  
Phone: ..... Private email: .....

Please tick the box of your choice, fill in all the required information and return this form to us signed.

Only one option

- Transfer to the pension fund of your new employer** - compulsory in case of a new employment contract (\*Transfer details to be completed)

Employer's name: ..... Contract no: .....  
Start date of the activity: .....  
Street: .....  
ZIP, city: .....

- Maintain the benefit coverage** on my vested benefits policy no ..... with Retraites Populaires

- Maintain the benefit coverage** to be created by Retraites Populaires  
I confirm that I have read and accept the RP Arc-en-Ciel General Terms and Conditions, as well as the data protection statement available on [www.retraitespopulaires.ch](http://www.retraitespopulaires.ch).

- Constitution of a vested benefits policy or account with another institution** (\*Transfer details to be completed)

### \* Transfer details

Please enclose a QR-bill from the institution with a copy of the confirmation of the opening of your vested benefits policy / account.

Name and full address of the pension fund or vested benefits institution

.....  
.....  
.....

Name of financial institution: .....

IBAN no: .....



**Cash payment**

You have the possibility to claim cash payment of your vested benefits under certain conditions (start of an independent economic activity, definite departure for a foreign country).

If you fulfil one of these conditions and wish to obtain a cash payment of your vested benefits, please return to us the form "Request for cash payment of vested benefits" available on [www.profelia.ch](http://www.profelia.ch).

**Signature**

I, the undersigned, hereby certify that the information mentioned on this form do indeed correspond to a pension fund or to a vested benefits institution.

.....  
Place and date

.....  
Signature of the insured person

Profelia will only be able to process the vested benefits transfer if the form is duly completed and the requested documents are provided.