



→ Please send the completed and signed form together with the necessary documentation to:

Stiftung Auffangeinrichtung BVG  
Vested Benefits Accounts  
P.O. Box  
8050 Zurich

POFICHBEXXX (SWIFT)  
CH50 0900 0000 8001 30227 (IBAN)  
  
www.chaeis.ch

+41 44 468 22 22 (Tel.)  
Office hours (Mon. to Fri.)  
8 a.m. to midday/  
1.30 p.m. to 5 p.m.

## Notification

### Changes to personal details

### Change of address/marital status/name/gender

**Note:** Please complete the form electronically

Your previous personal details	
Vested benefits account No. (if known):	.....
Surname:	.....
First name:	.....
Street, No.:	.....
Postcode, town, country:	.....
Tel.:	.....
E-mail:	.....
Date of birth:	.....
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
OASI (AHV/AVS) No.:	.....
Marital status:	<input type="checkbox"/> single
	<input type="checkbox"/> married/registered partnership since (date): .....
	<input type="checkbox"/> divorced/dissolved partnership since (date): .....
	<input type="checkbox"/> widowed since (date): .....

## Your new personal details

Vested benefits account

No.:

.....

Surname:

.....

First name:

.....

Street, No.:

.....

Postcode, town, country:

.....

Tel.:

.....

E-mail:

.....

Date of birth:

.....

Gender:

M

F

OASI (AHV/AVS) No.:

.....

Marital status:

single

married/registered partnership since (date):

.....

divorced/dissolved partnership since (date):

.....

widowed since (date):

.....

## Confirmation

I, as the account holder, hereby confirm with my signature that the information provided is complete and correct.

Surname, first name:

.....

Place, date:

.....

Signature:

.....

## Documentation required

Please send us the following additional documents so that we can process your notification:

***in the event of a change of address:***

- *Copy of your OASI (AHV/AVS) card*

***in the event of a change of marital status:***

- *Copy of your OASI (AHV/AVS) card*
- *If you are married or in a registered partnership: copy of your marriage certificate/partnership certificate*
- *If you are divorced or your partnership has been dissolved: copy of the complete, legal divorce decree/decree dissolving your partnership*
- *If you are widowed: copy of your partner's death certificate*

***in the event of a change of name:***

- *Copy of your OASI (AHV/AVS) card*
- *Copy of an item of official evidence of the name change*

***in the event of a change of gender:***

- *Copy of your OASI (AHV/AVS) card*
- *Copy of an item of official evidence of the name change*