



## Vested benefits accounts

→ 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.

## Application Transfer to your new benefits scheme

**Note:** Please complete the form electronically

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): .....

### Details of your new employer

Name of employer: .....

Agreement No.: .....

### Details of the benefits scheme of your new employer

Name of benefits scheme: .....

Street, No.: .....

Postcode, town: .....

### Payment address of your benefits scheme

Bank account       Post office account

Account number: .....

Name of the bank: .....

Street, No.: .....

Postcode, town: .....

IBAN: .....

SWIFT/BIC: .....

### Confirmation

With my signature I hereby confirm that the information 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 application:

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