

Name and address of your former
pension fund or vested benefits'
institution

Transfer of vested termination benefits

Dear Sir, Dear Madam,

My current employer is a member of the Fondation Collective Groupe Mutuel for occupational benefits (2nd pillar).

In light of the law on occupational benefits, please pay my benefits as per the following information:

Insured person

Name / First name: _____
Date of birth: _____
Social insurance No.: 756. _____
Contract / Employer: _____

Beneficiary Fondation Collective Groupe Mutuel

Address Rue des Cèdres 5
P.O. Box
1919 Martigny

IBAN account CH58 0900 0000 1900 3655 5
(CCP 19-3655-5)

Yours sincerely

Place and date:

Signature of the insured person: