groupemutuel
prévoyance Opsion

Pension

Person details of insured

Last name

First name

AVS N° . . . Date of birth DD / MM / YYYY

E-mail Telephone

Address

Civil status ☐ single ☐ married ☐ divorced ☐ widow(er)
☐ registered partnership ☐ dissolved partnership

Gender ☐ male ☐ female

Partner

If married or bound by a registered partnership, date of marriage / partnership DD / MM / YYYY

First name of spouse / partner Date of birth DD / MM / YYYY

If divorced or partnership dissolved, date of divorce / dissolution DD / MM / YYYY

Children (if under 25 years of age)

First name Date of birth

DD / MM / YYYY

DD / MM / YYYY

DD / MM / YYYY

Payment details

(Please attach a payment slip or bank statement)

IBAN

Currency ☒ CHF ☐

Bank / Post

Post code, City

Account holder

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Pension

Mandatory documents to be enclosed

- [ ] photocopy of an identity document
- [ ] certificate of studies or apprenticeship for the above-mentioned of over 18 years of age

Signature

I authorise the post office or bank to return to the Fondation Collective Opsion wrongly paid benefits and, when the entry has already been made, to place the amount to the debit of my account.
I have duly observed the notification to the federal contributions administration of the paid benefit.

Date __ / __ / ____

Place

Signature of the insured