

**Transfer of pillar 2 assets**

(This form must be completed by the insured person)

The provisions of the law stipulate that leaving benefits from former pension funds and all assets in vested benefits accounts and vested benefits policies must be transferred to the new pension fund.

If you have not yet arranged for the transfer, please enter the following personal details, sign the form and send it to your **previous pension fund resp. vested benefits institution**.

**1. Personal details**

Surname

First name

AHV number

Date of birth

**2. Confirmation**

I herewith commission my previous pension fund resp. vested benefits institution to transfer my leaving vested benefits resp. Vested benefits accounts to the pension fund indicated below.

Place, date

Signature of insured person

**3. Information for the previous pension fund / vested benefits institution**

The above person is newly insured in our pension fund. Please transfer the leaving vested benefits resp. the assets of vested benefits accounts or policies to the following address. Further we ask you to send a statement showing the relevant information required by law.

Details for payment:

Bank details

PostFinance AG  
9020 St. Gallen  
CH04 0900 0000 8919 3786 9

In favour of

INVOR Vorsorgeeinrichtung Industrie  
Stockerstrasse 34  
Postfach  
8022 Zürich

**Please pass on this form to your previous pension fund!**