

Vested Benefits Foundation of PFS
Pension Fund Services AG
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Vested benefits account

Change of personal data for a PFS vested benefits account

Details of pension account holder¹

Last name

First name(s)

Street, no.

Postal code, city (principal place of residence)

Country

Date of birth (dd.mm.yyyy)

AHV number / Social security number (756.xxxx.xxxx.xx)

Address change (Please enclose a copy of a signed identity document.)

Old address

Street, no.

Postal code, city

Country

New address

Street, no.

Postal code, city (principal place of residence)

Country

Name change (Please enclose a copy of a formal evidence of the name change and a copy of a signed identity document)

Previously

Last name

First name(s)

Currently

Last name

First name(s)

Please send me

- a current asset statement
- last year's account statement
- confirmation of account opening

Signature(s)

Place

Date (dd.mm.yyyy)

Signature of pension account holder