First name, last name

Street address

Postal code, city/town

Vita Joint Foundations
Help Point BVG
PO Box
8050 Zurich

City/town, Date

**Vested benefits transfer payment to a new pension plan
Exit from Vita Joint Foundation – affiliation contract: number**

Dear Sir/Madam

I have exited/will be exiting the Vita Joint Foundation as a member effective xx/xx/xx. In order to complete this termination I request that you transfer my vested benefits to my new pension plan in accordance with the data on the enclosed deposit slip.

Please call me if you have any questions or if you need additional information. During the day, I am best reached at: XXX XXX XX XX. Or send an e-mail to: xxx.xxxx@xxxxxx.ch.

Thank you very much for your assistance.

Sincerely,

Enclosed: deposit slip