

Continuation of insurance cover under Art. 47a LOB - departure

Company _____
Policy no. _____
Plan _____

1. Personal details

Last name	_____	First name	_____
Street/no.	_____	Postcode, town/city	_____
NI no.	756. _____	Date of birth	_____
Telephone	_____	Email	_____

Departure as of _____

Reason for cancellation: Joined a new pension fund yes no

If early retirement, please complete the 'Notification of retirement' form

Transfer to pension fund of new employer

2. New employer

Name	_____	Policy no.	_____
Street/no.	_____	Postcode, town/city	_____

3. Payment address

Bank account, name of the bank _____
Account no. _____ Clearing no. _____
SWIFT/ IBAN _____

Post office account no. _____

Place and date

Signature
