

Account no.: _____

Please complete in capital letters and send the original form to:
Pictet Vested Benefits Foundation (2nd Pillar) – Route des Acacias 60 – 1211 Geneva 73

Should you need any assistance, please do not hesitate to contact us:
Tel.: 058/323.29.20 – E-mail: pension@pictet.com

ACCOUNT HOLDER

Mrs Mr

Last Name: _____ First name(s): _____

Date of birth: _____ AVS no.: _____

Email address: _____ Tel.: _____

ADDRESS CHANGE

Old Address

Street and no.: _____ Postal code/City: _____

Country: _____

New Address

Street and no.: _____ Postal code/City: _____

Country: _____

NAME CHANGE

Please enclose a copy of an official proof of name change and an identity document.

Old Name

Last Name: _____ First name(s): _____

New Name

Last Name: _____ First name(s): _____

Date (dd/mm/yyyy) _____

Account holder's Signature: _____

