



STIFTUNG AUFFANGEINRICHTUNG BVG  
FONDATION INSTITUTION SUPPLEMENTIVE LPP  
FONDAZIONE ISTITUTO COLLETTORE LPP



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## Transfer to your new benefits scheme

Please send us the following document

- Signed and completed form "[Transfer to my new benefits scheme](#)"
- Copy of your OASI (AHV/AVS) card
- Pay-in slip

We may need additional information and documents. We will contact you if this is the case.

### Registration forms

> [Transfer to my new benefits scheme](#)

### More information

> [Art. 3 section 1 FZG](#)



### Contact

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