

Vested Benefits Foundation of UBS AG  
P.O. Box  
CH-8098 ZurichVested benefits account  
\_\_\_\_\_

## Change of personal data for a UBS vested benefits account

---

**Details of pension account holder<sup>1</sup>**\_\_\_\_\_  
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

<sup>1</sup> The singular form also includes the plural, and all masculine terms referring to persons refer to persons of both genders.

---

**For internal bank use only**

Signature(s) verified / Signed in my presence

OU ref.

Signature 

---