

# OCCUPATIONAL PENSION INSURANCE

## Change report

Company

Policy no.\*

Insured person no.\*

\*Fields may be completed by Allianz Suisse Life

### INSURED PERSON

Surname

First name

New name

Date of birth

New AHV no.

Valid from

Street/no.

Postcode/town or city

Language    D    F    I    E

Home/mobile phone no.

E-mail address

### CHANGE IN MARITAL STATUS

Married

Registered partnership

Divorced\*

Widowed\*

\*categories apply to both marriages and registered partnerships

Valid from

### NEW RELEVANT ANNUAL SALARY / CHANGE IN DEGREE OF EMPLOYMENT

Annual salary as per the definition in the pension plan:

Annual salary CHF

Degree of employment

% Valid from

### CHANGE IN PENSION SCHEME

All employees

Management

Valid from

Annual salary CHF

### SIGNATURES

By signing, the signatories confirm that the information they have provided is complete and accurate.

Place and date

Stamp/signature of the employer or foundation