

# OCCUPATIONAL PENSION INSURANCE

## Choice/change of pension plan

Company

Contract no.\*

Insured person no.\*

\* Fields can be completed by Allianz Suisse Life

### INSURED PERSON

Surname

First name

Street no.

Postcode, town or city

Date of birth

AHV no.

Gender

Male

Female

Marital status

### CHOICE/CHANGE OF PENSION PLAN

You have the opportunity to actively influence your future retirement benefits by choosing between the pension plans offered.

Your employer can give you more information about the number of plans offered and the amount of the contributions for each plan. The employer share remains the same for each option.

Mini plan

Midi plan

Maxi plan

The chosen plan always applies for a whole calendar year. Insured persons can switch plan each year with effect from 1 January of the following year, provided that they notify Allianz with this form by the end of November. Changes are possible until the insured person reaches normal retirement age.

### SIGNATURE

The undersigned confirms that the information provided is correct.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Insured person's signature

Please send this form to your employer.