

Pension fund commission for the pension fund

Company _____
 Street/no. _____ Postal code/city _____

The Employer has appointed the pension fund commission in accordance with the affiliation contract and the organisational regulations of Swisscanto Flex Collective Foundation for the pension fund.

The pension fund commission signs collectively (dual) and is structured as of _____ as follows:

a. Employee representatives

_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature

b. Employer representatives

_____ Name	_____ Vorname	_____ E-mail	_____ Original signature
_____ Name	_____ Vorname	_____ E-mail	_____ Original signature
_____ Name	_____ Vorname	_____ E-mail	_____ Original signature
_____ Name	_____ Vorname	_____ E-mail	_____ Original signature
_____ Name	_____ Vorname	_____ E-mail	_____ Original signature
_____ Name	_____ Vorname	_____ E-mail	_____ Original signature

The following persons who are not members of the pension fund commission may sign notifications of changes in staffing levels in a legally binding manner.

_____ Name	_____ Vorname	_____ E-mail	_____ Original signature
_____ Name	_____ Vorname	_____ E-mail	_____ Original signature
_____ Name	_____ Vorname	_____ E-mail	_____ Original signature
_____ Name	_____ Vorname	_____ E-mail	_____ Original signature

Any changes to the pension fund commission and the signature authorization has to be communicated immediately to Swisscanto Flex Collective Foundation.

Place, Date

_____ Name	_____ First name	_____ Signature of employer
_____ Name	_____ First name	_____ Signature of employer

Swisscanto Flex Collective Foundation of Cantonal Banks, Stockerstrasse 33, P.O. Box, 8021 Zurich