

Mutation form

Employer

Company name Contract no.

Personal details

Last name First name

Road / No. ZIP / Place

Date of birth Social security no.

Wage mutation

New AHV annual salary valid from At a degree of employment of %
(The gross wage adjusted to the degree of employment, extrapolated for the year)

Change of group of insured persons

Change per new group of insured persons
(See designations of the pension plans)

Partial retirement (passible from age 58)

New AHV annual salary valid from at a degree of employment of %
(The gross wage adjusted to the degree of employment, extrapolated for the year)

Does the insured person wish the retirement benefit to be paid out? Yes No
(The entitlement to old-age benefit corresponds to the extent of the cessation of gainful employment)

Does the insured person wish to continue with the previous pension plan? Yes No
(Please note Art. 10 para. 11 of the pension fund regulations)

Unpaid leave / seasonal interruption

Interruption from to

risk and save to be continued risk to be continued to be fully suspended

Change of civil status

married since divorced since widowed

in registered partnership since dissolved partnership since

Comments

Place and date

 Employer's stamp and signature