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Notification of Changes

Please complete in capital letters.

☐ **Pensionskasse (Pension fund)**	☐ **Vorsorgestiftung (Pension foundation)**	
☐ New entry	☐ Re-entry	☐ Change in salary ☐ Plan modification
☐ Change group of persons	☐ Change Name/civil status	☐ Correction birth date/AHV no.

1. Company

Name	
Member/contract no.	

2. Validity

Valid as of	Group of persons

3. Person to be insured

☐ Employee	☐ Self-employed	☐ Seasonal employee/r
Name	First name	
Social security number		
Birth date	Gender	☐ m ☐ f
Street, no.	ZIP code	City
Country		
Phone private	Phone business	
Phone mobile	Email	
Civil status	☐ single	☐ registered partnership
	☐ married	☐ divorced ☐ widowed
Wedding date	Language	☐ GER ☐ FRE ☐ ITA ☐ ENG
Cross-border worker ☐ yes ☐ no	Cross-border commuter's country of residence	
3.1 Is the person to be insured fully able to work?		☐ yes ☐ no
3.2 Is the person to be insured receiving benefits from an disability, military or accident insurance or a pension fund?		☐ yes ☐ no

▾ *Please pay particular attention to the following page.*

4. Occupation

For the insurance the entire calculated AHV salary of a year is decisive – even for seasonal employees.

Annual salary in CHF

Part-time employee ☐ yes, employment level in % _____

☐ no

5. Former provision institution

Name of the provision institution

Address

Street, no. ZIP code City

Termination date (if known)

Please enclose a copy of the termination settlement, any benefit accounts or policies and the old insurance certificate.

Place Date

Stamp and signature of the company

Remark

- *According to the legal provisions all vested benefits must be transferred to the new provision institution.*

- *Please send us this form filled out and signed to Asga, Postfach, 9001 St.Gallen.*