asga

Rosenbergstrasse 16
Postfach, 9001 St.Gallen

T +41 71 228 52 52
F +41 71 228

info@asga.ch
www.asga.ch

Notification of change for partial retirement

Please complete in BLOCK CAPITALS. Forms completed in full save you and us extra work.

☐ **Pensionskasse** ☐ **Vorsorgestiftung**

1. Company

Last name

Member/contract no.

2. Insured

Last name		First name	
Social security number			
Date of birth		Gender	☐ M ☐ F
Street, no.		Postcode	Town
Home telephone		Work telephone	
Mobile telephone		E-mail	

Marital status ☐ Single ☐ Registered partnership ☐ Married ☐ Divorced ☐ Widowed

Cross-border commuter	☐ Yes ☐ No	Country	
Is the insured person fully able to work?		☐ Yes	☐ No

3. Partial retirement

This notification is valid from

Degree of retirement as a percentage

Have you already taken one or more partial retirement stages?	☐ Yes	☐ No
If so, please state When and what degree of retirement as a percentage?	Date	Degree

4. Income after partial retirement

Annual salary in CHF

▸ *The reference annual salary must be reduced by at least the degree of retirement.*

Place Date

Stamp and signature of company

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