asga

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# Power of attorney for the disclosure of information/representation in pension matters

*Please complete in BLOCK CAPITALS.*

| **1. Authorising person (insured person/pension recipient)** | | |
|---|---|---|
| Last name | First name | |
| Social insurance No. | Date of birth | |
| Street, No. | Postcode | Town |
| E-mail address | Telephone | |

| **2. Authorised person** | | |
|---|---|---|
| Last name | First name | |
| Social insurance No. | Date of birth | |
| Street, No. | Postcode | Town |
| E-mail address | Telephone | |

The authorising person permits the authorised person to obtain information from Asga Pensionskasse regarding occupational benefits. The authorising person releases Asga Pensionskasse from its statutory duties of confidentiality and secrecy. The authorising person consents to the disclosure of the data necessary to respond to enquiries.

The power of attorney applies (please tick):

☐ For information only: The authorised person is entitled to obtain information.

☐ For representation: The authorised person is fully entitled to represent me before Asga Pensionskasse.
All correspondence is to be sent to the address of the authorised person.

The power of attorney remains valid until revoked in writing. It does not cease upon the death of the authorising person.

Place Date

Signature of the authorising person (insured person/pension recipient)

Please enclose a copy of an ID card or passport with this form to verify the signature.

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