

# Notification of Change for Partial Retirement

Please complete in capital letters. Completely filled out forms will save you and us extra work.

Pensionskasse (Pension fund)    Vorsorgestiftung (Pension foundation)    Dienstleistungen AG (Services)

## 1. Company

Name

Member/contract no.

## 2. Partial retirement

This report is valid as of

Retirement level in percent

## 3. Insured person

Name

First name

AHV no.

old AHV no. (if available)

Birth date

Gender

m    f

Street, no.

ZIP code

City

Phone private

Phone business

Phone mobile

Email

Civil status

single

registered partnership

married

divorced

widowed

Cross-border worker    yes    no

Country

Is the insured person fully able to work?

yes

no

## 4. Income after partial retirement

Annual salary in CHF

► The decisive annual salary needs to be at least reduced according to the retirement level.

Place

Date

Stamp and signature of the company

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



Stamp and signature of the company

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