



## Pension fund commission for the extra-mandatory employee benefits insurance

1e Fund of \_\_\_\_\_

Street/no. \_\_\_\_\_ Postcode/Town \_\_\_\_\_

\_\_\_\_\_ (employer)

has appointed the pension fund commission for the extra-mandatory employee benefits insurance in accordance with the affiliation contract and rules of organisation of Swisscanto 1e Collective Foundation.

The members of the pension fund commission are authorised to sign jointly by a minimum of two signatures.

From \_\_\_\_\_, the members of the pension fund commission are the following:

### a. Employee representatives

Name	First name	E-mail	Original signature
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b. Employer representatives

_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature

The following persons are authorised to sign notices regarding changes in the number of staff:

_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature
_____	_____	_____	_____
Name	First name	E-mail	Original signature

Swisscanto 1e Collective Foundation must be informed of all changes in the composition of the pension fund commission and their signatory power without delay.

_____	_____
Place, date	Signature of employer

Swisscanto 1e Collective Foundation  
P.O. Box  
8021 Zurich