



Notification of change

Company _____ Contract no. _____
Surname _____ First name _____
Social insurance no. 756. _____

Address

Street/no. _____ Post code/city _____
Valid from _____

Mutation of the E-Mail address for electronic correspondence and user identification

E-Mail so far _____ E-Mail new _____

Mobile no. for mTAN

Mobile no. up to now _____ Mobile no. new _____

Language

Correspondence language D F I E

Change in civil status

Marital status Single Widowed Partnership dissolved by death Married Registered partnership
 Cohabiting
Date of marriage/registration of partnership _____
 Divorced Legally dissolved partnership
Date of divorce/dissolution of partnership _____

Dependants Yes No

Place, Date

Signature

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