

Wage review

Company		_ Contract no.			
Wage review					
Social insurance or AHV no.	Surname/First name	New level of employment	New AHV annual wage in CHF	Applicable from	
		%		01	
		%		01	
	_	%		01	
		%		01	
		%		01	
		%		01	
		%		01	
		%		01	
	_	%		01	
		%		01	
Wage reviews always take eff	ect from the beginning of a mont			01	
wage reviews arways take em	ect nom the beginning of a mone				
Place, date		Stamp and sig	Stamp and signature of company		

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