

**PERSONALVORSORGESTIFTUNG DER
FELDSCHLÖSSCHEN-GETRÄNKEGRUPPE**

Application for change of pension plan effective

Surname, First Name

Date of Birth

Address (Street)

Postcode, Place

I am currently insured under the "Basic plan" (under which the employee's savings contributions are lower than the employer's) and wish to join the "Plus plan" (under which the employee's savings contributions are the same as the employer's) with effect on

I understand that this will increase the personal pension fund contributions deducted from my salary.

I confirm that I am fully fit for employment on the date of application.

Place and date

Signature of insured person

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This application must be fully completed and signed, and returned to:

Personalvorsorgestiftung der
Feldschlösschen-Getränkegruppe
Postfach
4310 Rheinfelden