

**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 „Plus plan“ (under which the employee's savings contributions are the same as the employer's) and wish to join the „Basic plan“ (under which the employee's savings contributions are lower than the employer's) with effect on

I understand that the retirement benefits will be reduced as a result of this change.

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