

Personalvorsorgestiftung der Feldschlösschen-Getränkegruppe

Personalvorsorgestiftung der
Feldschlösschen-Getränkegruppe
c/o Avadis Vorsorge AG
Zollstrasse 42
P.O. Box
8031 Zurich

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Choice of contribution

Insured person's details

Company

Insured person

Surname

First name

OASI number Insurance number Gender

Date of birth Marital status

Address

Postcode and city

Tel. E-Mail

Choice of contribution

- I wish to pay contributions as per the Basic plan
- I wish to pay contributions as per the Plus plan

A change of the pension plan may be notified in writing at any time with effect from the following month.

Signature

Place/Date Signature