

## Mutation notification for employer

(to be completed by the employer - please complete in block capitals)

Company: ..... Contract no.: .....

### Change of company name and legal form:

Valid from: .....

New company name: ..... New legal form: .....

The employer must sign an amendment to the affiliation agreement.

### Change of address (company or correspondence address):

Company address valid as of: ..... Correspondence address valid as of: .....

Street, no.: ..... Street, no.: .....

Postcode/Town: ..... Postcode/Town: .....

### Change of main contact person:

Surname: ..... First name: .....

E-Mail: ..... Phone: .....

The main contact person is authorised to receive information about the contract.

### PensPortal applications:

The employer wishes the following person to have login access to the PensPortal application.

Full access (read and write)

Read-only access

Surname: ..... First name: .....

E-Mail: ..... Phone: .....

For companies appointed as Agent (broker, fiduciary) a broker's mandate or power of attorney must be submitted.

### Change of delivery method:

The employer wishes to receive all documents intended for the company with immediate effect:

digitally via PensPortal (login available or applied for) – Please note that digital transmission is only possible for direct client (i.e. not for client with brokers/correspondence addresses).

by mail

### Remarks:

.....  
.....

### Signature:

By signing this document, the employer confirms that the information given is complete and correct.

.....  
Place, date

.....  
Stamp, signature of the employer