

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

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