AXA winterthur

Declaration on additional pension plan coverage

Contract no. /

Employer

Name and place

Insured person

Surname	First name	Insurance number

Street, postal code, town	Date of birth	Gender
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I hereby declare that:

☐ Upon joining this pension plan I do not have any other form of pension plan coverage. If there are any changes in this respect, I will report them using the “Declaration on additional pension plan coverage” form.

☐ I have the following additional pension plan coverage:

Level of employment	with	valid as of	Annual salary CHF

Occupational benefits institution

Level of employment	with	valid as of	Annual salary CHF

Occupational benefits institution

Date	Signature of insured

L463.004-04.07