Vita Invest

## Registration for an occupational pension plan



_	Personal de	tails			
	Name of the e			Please send to	
	AHV number			Vita Invest Join of Zurich Life In	
	Last name		First name	Company Ltd P. O. Box 8085 Zurich	
	Street, no.		Zip code, town or city, country	vitainvest@pfs. Once we have ch	
	Private email		Private telephone	registration, you new contributio Your new memb	
	Marital status Single Married Odivorced Widowed Pregistered partnership dissolved partnership  Date of marriage or registration		Date of birth	then receive the certificate. You o employee's cont contribution sta	
			male female		
			Correspondence language of your new member of staff  D F I E	_	
7				_	
_	Information about the occupational pension		•		
	Date of joining the company		Start of the insurance		
	Relevant AHV annual salary in CHF (projected for a whole year)		Degree of employment in %		
	Is there more than one personnel category in your contract?  No Yes				
		Desired category			
3	Information concerning ability to work				
	Is your new	Inability to work			
	○ Yes	○ No		someone is no lo out work due to	
		Degree of ability to work in %		to the extent the	
1		therefore, all current activ			
_		nformation for the self-emp	•		
	-	they joining the pension so	ployed person within the meaning of the theme of your company according to the	Do you have questions ab form?	
_	○ No │ ○ Yes			The Vita Invest o	
5	Employer's confirmation			service (phone 0 is available to ar questions Mond	
	Place and date		Employer's signature	Friday from 8.00 12.00 noon and to 6.00 p. m.	

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refers to when onger able to carry medical reasons, at they did before ility to work, s relates to the

## any out this

customer 0446284343) nswer your lay through a.m.to from 1.00 p.m.