

**PERSONALVORSORGESTIFTUNG DER  
FELDSCHLÖSSCHEN-GETRÄNKEGRUPPE**

**Application for change of pension plan effective .....**

Surname, First Name .....

Date of Birth .....

Address (Street) .....

Postcode, Place .....

I am currently insured under the „Plusplan“ (under which the employee's savings contributions are the same as the employer's) and wish to join the „Basisplan“ (under which the employee's savings contributions are lower than the employer's) with effect on .....

I understand that the retirement benefits will be reduced as a result of this change.

Place and date

Signature of insured person

.....

.....

This application must be fully completed and signed, and returned to:

Personalvorsorgestiftung der  
Feldschlösschen-Getränkegruppe  
Postfach  
4310 Rheinfelden