Personalvorsorgestiftung der
Feldschlösschen-Getränkegruppe
c/o Avadis Vorsorge AG
Zollstrasse 42
Postfach
8031 Zürich

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Choice of contribution

Insured person's details

Company		
Insured person		
Surname		
First name		
OASI number	Insurance number	Gender
Date of birth	Marital status	
Address		
Postcode and city		
Tel.	E-Mail	

Choice of contribution

☐ I wish to pay contributions as per the Basic plan

☐ I wish to pay contributions as per the Plus plan

A change of the pension plan may be notified in writing at any time with effect from the following month.

Signature

Place/Date

Signature

V202501