



Application for alternation / prolongation of the Contract of association

*Contract no.: _____

*Company: _____

Street, no.: _____

Zipcode, city: _____

*For purposes of implementing an occupational pension scheme, the above-referenced company entered into a Contract of association with

- Helvetia Group Foundation for Employee Pensions, Basle
- Helvetia Prisma Group Foundation for Employee Pensions, Basle
- Helvetia LOB Invest Group Foundation for Employee Pensions, Basle

1 *The Board of Trustees of the above mentioned company applies for the following alteration of the benefit plan (as an integrated part of the contract of association) Yes No

1.1 (*)Affected group of persons: All employees Personnel category no.: _____

Name of the personnel category: _____

1.2 (*)Description of the alteration:

1.3 (*)Effective date: _____

2 *The company and the designated Foundation agree to a prolongation of the contract of association Yes No

(*)for a fixed term of _____ years, beginning on _____

3 The conditions of the contract of association previously signed remain valid.

Stamp and signature(s) of the company:

Place, date

Signatures of the Board of Trustees :

Place, date Employer's representative Employees' representative

Basle, Helvetia Group Foundation for Employee Pensions, Basle
 Helvetia Prisma Group Foundation for Employee Pensions, Basle
 Helvetia LOB Invest Group Foundation for Employee Pensions, Basle

Please return this form to:
 Helvetia Swiss Life Insurance Company Ltd, P.O. Box 3855, 4002 Basle

* mandatory fields must be completed