



## Election protocol pension fund commission

**Employer**

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**Employer representative** appointed by the employer:

Name	First name	E-mail	Phone	Signature

**Employee representatives** elected by the insured employees from their circle:

Name	First name	E-mail	Phone	Signature

The following has been elected Chairman of the Board of Trustees:

Name	First name

The representative for the settlement of the staff pension scheme with UGZ is:

Name	First name	E-mail *)	Phone *)	Signature *)

\*) If not already indicated above

Place	Date	Signature of an employer representative	Signature of an employee representative