

Record of the election to the Pension fund commission

Company

Members for a term of 3 years

The pension fund commission must have an equal number of employee and employer representatives.

Term of office _____ from _____ to _____

The **employees** have elected the following **insured persons** as their representatives:

Name	First Name	Signature

Name	First Name	Signature

Name	First Name	Signature

The **employer** has elected the following **persons** as his representatives:

Name	First Name	Signature

Name	First Name	Signature

Name	First Name	Signature

Date	Company stamp and signature

Chairman

Has been elected Chairman for a term of 3 years by the pension fund commission:

Name	First Name	Signature

Date	For the pension fund commission