

Record of the election to the Administration Commission

Company _____

Members for a term of office of 4 years

The Administrative Commission is formed of an equal number of employer and employee representatives.

Term of office _____ from _____ to _____

Employee representatives

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

Name First Name Signature Chair

Name First Name Signature Chair

Name First Name Signature Chair

Name First Name Signature Chair

Représentants des employeurs

L'**employeur** a élu les **personnes** suivantes en tant que représentants de l'employeur :

Name First Name Signature Chair

Name First Name Signature Chair

Name First Name Signature Chair

Name First Name Signature Chair

Administrative Commission

Members of the Administrative Commission are elected in accordance with the provisions of Art. 73 to 74 of the Pension Fund Regulations. By signing above, these individuals accept their election as representatives in the Administrative Commission. The Administrative Commission has elected the aforementioned individual as Chair for the term of office. The employer confirms that the election was conducted in accordance with the regulations.

Place, Date Company stamp and signature