

# Record of the election to the Pension fund commission

Company

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## Members for a term of office of 3 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

## Employer representatives

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

Name	First Name	Signature	Chair
Name	First Name	Signature	Chair
Name	First Name	Signature	Chair

## The Pension fund commission

Members of the Pension fund commission are elected in accordance with the provisions of Art. 75 to 76 of the Pension Fund Regulations. By signing above, these individuals accept their election as representatives in the Pension fund commission. The Pension fund 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.

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Place, Date

Company stamp and signature