

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

Employer representatives

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

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 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