



Power of attorney to provide information in pension matters

Contract no. /

Vested benefits policy L18

(for natural persons)

Principal Last name/first name

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Street

.....
Postcode/place

.....
Insured number Date of birth

.....
Phone number Email address

Authorized party Last name/first name

.....
Company

.....
Address Contact person

.....
Postcode/place Address

.....
Date of birth Postcode/place

.....
Email address Email address

.....
Phone number Phone number

This power of attorney allows the authorized person to obtain information relevant to occupational benefits insurance from AXA Life and the AXA collective foundations in Switzerland and the Principality of Liechtenstein for the purpose specified below, insofar as this information is necessary to fulfill the

purpose(s) indicated below. This can include, among other things, contact information, age and information on income, pension situation, pension benefits in the event of retirement/disability or death and the development of pension savings.

- Amount and development of retirement assets/vested benefits and their occupational benefits
- Other purpose (detailed description):

- Purchase of contribution years and purchase for early retirement
- Pension benefits settlement on divorce

The principal releases AXA Life and/or the AXA collective foundations in Switzerland and the Principality of Liechtenstein from their statutory confidentiality obligations. He/she agrees to the disclosure of the data necessary for the abovementioned purpose(s).

This power of attorney may be revoked at any time and is valid for no longer than one year after it has been signed.

Please include a copy of your ID or passport with this form so that we can verify your signature.

Signature Date

Principal's signature

Send to AXA
P.O. Box 300
8401 Winterthur

Information regarding Data Privacy is available under the following link: [AXA.ch/data-protection-bvg](https://www.axa.ch/data-protection-bvg)