Choice of contribution

Insured persor			
First name		Date of birth	
Last name		AHV/AVS no	
Address		Marital status	
Postcode/place		Tel	
E-mail			
Choice of cont	ribution		
□ I wish to pay contributions as per the table Standard minus			
□ I wish to pay contributions as per the table Standard			
□ I wish to pay contributions as per the table Standard plus			
take place at the	oplies until revoked in writing. A cho e next possible date. If you have or ibutions are automatically calculate	nly recently joined	the Supplementary Insurance
Signed			
Place/date		Signature	