



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

.....
Insurance number Date of birth

.....
Phone number Email address

Authorized party Last name/first name

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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 aforementioned person(s) to obtain information from AXA Life and the AXA collective foundations in Switzerland and the Principality of Liechtenstein for the purpose set out below.

- Review of benefits in the event of vested benefits and pension cases
- Development of vested benefits
- Purchase of contribution years and purchase for early retirement
- Pension benefits settlement on divorce

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The principal releases AXA Life and/or the AXA collective foundations in Switzerland and the Principality of Liechtenstein from their statutory confidentiality obligations. He agrees with the disclosure of his data required for the response.

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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

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