

Authorization to collect information



1 Authorizer (hereinafter referred to as “Authorizer”)

Company
Contract number

Please send the authorization to:

Zurich Switzerland
Scanning BVG
P.O. Box
8085 Zurich
bvg@zurich.ch

2 Authorized representative (hereinafter referred to as “Authorized Representative”)

First name	Last name
Function	Company

The Authorizer hereby authorizes the Authorized Representative to obtain the following information from the Vita Collective Foundation and its partner Zurich regarding occupational retirement provision (please check the required information):

- Pension plan
- List of insured persons and insured benefits
- Benefit claim ratio
- Information on contract term and termination date

The Authorized Representative may only obtain and use this information for the purpose of executing their mandate for the Authorizer. The documents and information are to be treated confidentially. The Authorizer may revoke this authorization at any time by declaration in text form (e.g. email). A revocation is only effective for the future. This authorization is subject to Swiss law. The sole place of jurisdiction for any disputes arising in connection with this authorization is Zurich.

3 Signatures of the legal representative of the Authorizer

First name	Last name
Function	
Place and date	Signature

First name	Last name
Function	
Place and date	Signature

Do you have any questions about this form?

If you have any questions, please call the Help Point BVG on 0800 80 80 80 from Mon to Fri from 8.00 a.m. to 12.00 p.m. and from 1.00 p.m. to 5.00 p.m.