

## Election record of the occupational pension committee

Employer \_\_\_\_\_  
 Name, place \_\_\_\_\_  
 Policy no. \_\_\_\_\_

The same number of employee and employer representatives must be elected.  
 The term of office is four years in each case.

First election     Replacement election     Re-election as at \_\_\_\_\_

### Committee members

Last name, first name	Personal email address	ER	EE
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*ER = Employer, EE = Employee*

### Chair

The occupational pension committee elected

Last name, first name \_\_\_\_\_

### Election

The committee members were elected in accordance with the provisions laid down in the bylaws.

### Contact person

The following person was appointed to take care of administrative dealings with FUTURA:

Last name, first name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Telephone \_\_\_\_\_

### Company

Place and date \_\_\_\_\_ Legally valid signature and stamp \_\_\_\_\_