

Pensionskassen Novartis
Vorsorgeberatung
WSJ-791.4
Postfach
CH-4002 Basel

Purchase of pension benefits

As you informed us you intend to do payments for your pension scheme. Please fill in the following lines and return this form by the 20th of each month (exc. December 10th).

Surname _____
First name _____
Date of birth _____ **Personnel number** _____

I authorize Novartis Pension Funds to charge my employee account as follows and with my signature I also confirm that the included sum can be withdrawn from my staff current account on the last day of the month of payment.

Amount	Comment

Valuta	
Plan	_____

Place, date

Signature
