

Members of the Administrative Committee

Employer

Company name: _____ Contract No.: _____

Address: _____ Postcode/Town: _____

Employer representatives

The Executive Board or the Board shall appoint the representative(s) of the employer. These persons are not necessarily insured under the affiliated employer's contract.

1. Name: _____ Date of birth: _____

First name: _____ Signature: _____

2. Name: _____ Date of birth: _____

First name: _____ Signature: _____

3. Name: _____ Date of birth: _____

First name: _____ Signature: _____

Employee representatives

Employees appoint their representative(s) **from among the active employees insured under the affiliated employer's contract.**

1. Name: _____ Date of birth: _____

First name: _____ Signature: _____

2. Name: _____ Date of birth: _____

First name: _____ Signature: _____

3. Name: _____ Date of birth: _____

First name: _____ Signature: _____

Statutory requirements

- The Administrative Committee must be made up of an equal number of members. **The same person cannot represent both the employer and the employees.**
- Any subsequent changes are to be notified to the Pension Fund.
- Representatives must be able to exercise their civil rights: they must be of legal age and capable of discernment.
- In the event of termination of an employment contract, the mandate with the Administrative Committee shall end immediately.
- The mandate lasts four years.
- For **self-employed persons**: A self-employed person who is affiliated to the pension fund without staff is considered to be an employer. This person automatically becomes the employer's representative and forms an administrative committee on his own.

Place and date:

Certified by the President: