

# Application for Registered Access to the VZ Company Portal – VZ Pension Solutions



This application:  is new  replaces the one of \_\_\_\_\_  supplements the one of \_\_\_\_\_

Name: _____	
Street: _____	Street number: _____
Postcode: _____	City: _____
Country of domicile: _____	Legal form: _____

(hereinafter «client»)

The VZ Company Portal comprises the areas of VZ Pension Solutions and VZ Insurance Management. This application is intended to provide access to VZ Insurance Management. If the services of VZ Pension Solutions are also used, access to them must be requested using the separate application form.

## Access authorisation

The client hereby applies for access authorisation for the person specified below in relation to the following services:

VZ Collective Foundation  VZ Pension Solutions for Companies (VZ OPA Collective Foundation)

## Authorised person

Title:  Mr  Ms Date of birth: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Correspondence language:  German  French  English

## Authenticity check

Access to the VZ Company Portal is provided to individuals who have successfully identified themselves by means of the following identity verification indicators:

- User name
- Password
- Token

We will send the «username» and «password » identity verification indicators to the client's address, for the attention of the authorised person, marked «confidential».

Different address instructions/recipients: \_\_\_\_\_

For verification by means of the «token», an app must be installed on the mobile device. For this purpose, we need the email address and mobile telephone number of the authorised person (please enter in the respective fields). Upon receipt of the signed application, the detailed instructions will be sent to the authorised person at the email address provided.

<b>Client</b>	
Date: _____	
Last name: _____	Last name: _____
First name: _____	First name: _____

