

The application must be communicated to Tapiola at least three months prior to the insurance termination date.

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|---|---|--|--------------------------------------|--|---|------------------|-----------------------------------|--|
| TERMINATION DETAILS | Pension provider subject to termination | | TyEL Insurance No. | | TyEL Supplementary Insurance No. | | | |
| | The insurance terminates on <input type="checkbox"/> 31 March <input type="checkbox"/> 30 June <input type="checkbox"/> 30 September <input type="checkbox"/> 31 December 20____ | | | | The insurance is transferred to Tapiola at the beginning of the month following the termination date. | | | |
| EMPLOYER DETAILS | Name | | | | Personal identification code/Business ID | | | |
| | Street address | | | Postal code | City or town | | | |
| | Telephone work | | E-mail | | Fax number | | | |
| | Language | Name of contact person (employed by the employer) | | | Telephone number | | | |
| | Business | | | <input type="checkbox"/> I want to get access to Corporate Online Services | | | | |
| INSURANCE ADMINISTRATOR | Company name | | | | Business identification code | | | |
| | Name of person | | E-mail | | Telephone number | | | |
| | Street address | | | Postal code | City or town | | | |
| | | | | | | | | |
| PAYMENT DETAILS (Please choose practice 1 or 2) | Employees' annual earnings total | | | | | | | |
| | Practice 1 | | | | | | | |
| | <input type="checkbox"/> Annual notifier Number of contribution instalments (annual notifier) First maturity month <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> On own initiative | | | | | | | |
| Practice 2 | | | | | | | | |
| <input type="checkbox"/> Monthly notifier Monthly notifiers can receive a supplement to the invoice broken down by employee together with their salary details. <input type="checkbox"/> I wish to receive the supplement to the invoice by employee. | | | | | | | | |
| BANK ACCOUNT DETAILS | Banking details and account number for the return of contributions | | | | | | | |
| COMPANY FORM | | | | | COMPANY OWNERS | | OWNERSHIP OF A LIMITED COMPANY, % | |
| | | | | | Ordinary partner | Sleeping partner | Sole owner | |
| | | | Shares | Number of votes | Shares | Number of votes | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| INSURANCE DETAILS | Are you insuring all TyEL employees under this insurance? | | | | This insurance concerns the following group of employees | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Insurance specification | | | | | | | | |
| <input type="checkbox"/> Insurance for positions of trust | | <input type="checkbox"/> Voluntary insurance for work abroad | | <input type="checkbox"/> Are you a seasonal employer? | | | | |
| SIGNATURE | Place and date | | | Employer's signature | | | | |
| | | | | | | | | |
| SALES REFERRAL DETAILS | Area | Identification number of salesperson | Name of salesperson | | | Percentage | | |
| | Area | Identification number of salesperson | Name of salesperson | | | Percentage | | |
| | Number of person who provided the lead | | Name of person who provided the lead | | | Campaign number | | |