



FORM FOR CHANGES TO PERSONAL DATA

Membership number: \_\_\_\_\_

Surname and first name: \_\_\_\_\_

To complete this form, please follow the instructions shown on the reverse side.

We remind you that, as soon as they have been acknowledged by Fasi, any changes will be visible on your private area on the www.fasi.it site (membership number and password).

A. CHANGE OF ADDRESS

STREET/ROAD

LOCALITY

POSTCODE

PROVINCE

B. FAMILY CHANGES (attach legible photocopies of the tax codes or health cards of the family members indicated)

SURNAME AND FIRST NAME	SEX	DATE OF BIRTH	KIN.	CHNG.	DATE CHNG.

C. COMPANY CHANGES

NEW COMPANY NAME

ADDRESS

LOCALITY

POSTCODE

PROVINCE

Date of commencement of employment

Date of termination of previous employment

D. TERMINATION OF EMPLOYMENT

Date of termination of employment.....

I WISH TO CONTINUE MY MEMBERSHIP PURSUANT TO ARTICLE 2 OF THE STATUTE:

letter d2 (PERSONS VOLUNTARILY CONTINUING TO PAY SOCIAL SECURITY CONTRIBUTIONS)

Starting date of voluntarily continuing to pay social security contributions

letter c 3,4,5,6,7 (CONVENTIONALLY RETIRED MANAGER)

Retirement starting date

letter c1 (ON LEAVE ALREADY ENROLLED WITH FASI)

letter d0 (NOTICE NOT WORKED)

Period covered by allowance in lieu of notice:

Start date

End date

letter d1 (WITHOUT ACKNOWLEDGEMENT OF NOTICE)

letter b (RETIRED MANAGER)

Last company worked for

Retirement starting date

letter f (MANAGER EMPLOYED BY A FOREIGN COMPANY)

WITH entitlement to services

WITHOUT entitlement to services

letter l (FORMER MANAGERS)

SIGNATURE.....

## INSTRUCTIONS FOR COMPLETING THIS FORM

This form should be used to notify Fasi of any changes to personal data.

A. Provide the new or correct address; in the latter case, however, provide the full address.

B. Changes regarding the family unit (enrolments or terminations):

sex	- write in the appropriate box	"M" for male; "F" for female:
relationship	- write in the appropriate box	"C" for spouse; "F" for child; "CONV" for common law cohabiting partner
change	- write in the appropriate box	"I" for new enrolment; "C" for termination;
date of change	- write in the appropriate box	"V" for change to data already in our possession; date when the change occurred

If the change regards the enrolment of a new family member, the following documentation must be attached:

- Consent to the processing of personal data, pursuant to Art. 9 para. 2 lett.a) of the GDPR (text available on the website or can be requested from Fasi):
- **Attach legible photocopies of the tax codes or health cards of the family members indicated.**
- Spouse and children up to age 18: family status certificate indicating the degree of kinship (family status for family allowance purposes). Considering the possible difficulties in documenting the relationship ties of the respective family members, with certificates issued by municipalities sometimes not indicating such ties, as an alternative to the aforementioned document you may submit **a family status certificate that does not indicate these relationship ties accompanied by a declaration by the member**, the text of which can be downloaded from the website or requested from Fasi.
- Common law cohabiting partner (limited to the manager's period of membership in active employment): family status certificate accompanied by declaration of common law cohabitation, the text of which can be downloaded from the Fasi website.
- Children over age 18 (in addition to the documents as at the previous point): certificate of study for children who are students, or disability certificate for disabled children, and declaration of responsibility for the child concerned certifying that he/she does not receive incomes exceeding the amount set annually by the Fund.

C. Change of company (for working managers only): enter the details of the new company, the date when employment commenced and the date of termination of the previous employment.

D. Termination of employment

Indicate the date of termination of employment; if you comply with the requirements as set out in Article 2 of the Statute and you intend to retain your membership in the Fund, indicate your exact title of membership by ticking the relevant box and providing the information requested:

- Voluntary continuation of payment of social security contributions: Art. 2 (d2) of the current Statute. Indicate the starting date and attach a copy of the authorisation issued by the national social security system;
- Conventionally retired manager: Art. 2, lett. c3),4),5),6),7) of the current Statute. Indicate date of retirement
- Managers on leave already enrolled in Fasi: Art. 2 lett. c1) of the current Statute. Attach a declaration from your company specifying the start date and, if applicable, the end date of your period of leave.
- Termination of employment with notice not worked: Art. 2, lett. d0) of the current Statute, indicate the start and end dates of employment and attach a declaration from the company confirming this. The membership will be limited to that period; premiums will be paid quarterly by the company formerly worked for as regards both the part payable by the company (art. F of the Regulations) and the part payable by the manager (art. H of the Regulations and possible premium for parents enrolled in the Fund). It will therefore be the responsibility of the manager to inform the company that he/she wishes to exercise this right;
- Termination of employment without acknowledgement of notice: Art. 2(d1) of the current Statute. The membership will be limited to the two quarters following the termination of employment;
- Retirement: art. 2 lett b) of the current Statute. Indicate the date of retirement and the last company worked for; when the previous period of Fasi membership as a currently employed manager was of less than 10 years, attach documentation confirming any past membership of alternative schemes to Fasi;
- Managers at companies paying premiums to Fasi who go to work at a foreign subsidiary/parent company or at one connected with the premium-paying company, or at one which, as a subsidiary or associate, belongs to the same group as the company paying premiums to Fasi: art. 2, lett. f) of the current Statute. Indicate the form chosen (with/without entitlement to services) and attach the appropriate certification of the company paying premiums to Fasi.
- Former managers: art. 2, lett. i) of the current Statute. Former managers who do not comply with other statutory requirements for retaining membership of the Fund. The period of membership under this type does not count as per the purposes of art. 2, lett. b).