

Form 'ANW shortfall insurance'

Reason application/modification

- Start of employment
- Marriage, registered partnership, unmarried cohabiting
- Birth/adoption child (enclose copy of birth-certificate)
- Reduction/termination of insurance

As of (dd-mm-yyyy) _____

Data member Philips Pensioenfonds

Client number _____

Initial(s) _____ Name _____

Telephone (work) _____ Telephone (private) _____

Date of birth (dd-mm-yyyy) _____

Marital state:

- Married / legally registered
- Unmarried cohabiting since (dd-mm-yyyy) _____

I would like to effect my (adjusted) ANW shortfall from (dd-mm-yyyy) _____

I apply to be insured against the ANW shortfall:

- Completely
- For 2/3
- For 1/3
- Not to be insured

Data partner

Attention! Your partner is obliged to sign at the bottom of this form too.

Initial(s) _____ Sex Male Female

Name _____

Date of birth (dd-mm-yyyy)* _____

* Insurance is not possible if partner receives a state pension under the AOW.

Citizen service number _____

If you would like to take out insurance or if you wish to increase the insured amount, this form has to be received by Philips Pensioenfond within two months after one of the above mentioned occasions has arisen.

Requests received after this period will not be dealt with. A reduction of the insured amount or a termination of the insurance commences directly from the moment of receipt by Philips Pensioenfond, unless a later date is stated on the form. The contribution will be reduced/terminated as from the first of the month following the date of receipt of the form or as from the first of the month following the later date stated on the form.

If the date stated on the form is the first of any month and Philips Pensioenfond received the form before or on that date, then the contribution will be reduced/terminated as from the date stated on the form.

The undersigned participant authorizes the employer/the Pension Fund to deduct the premium for the ANW shortfall insurance from the salary/pension with effect from the commencement date given above until further notice given in writing.

Signature participant

Signature partner

Place

Date (dd-mm-yyyy)

Please return the completed form to:

Philips Pensioenfond, Postbus 716, 3700 AS Zeist