

Form 'Partner Registration'

Data member Philips Pensioenfonds

Client number _____

Initial(s) _____

Name _____

Telephone (work) _____

Telephone (private) _____

Date of birth (dd-mm-yyyy) _____

Would like to:

Apply partner as from (dd-mm-yyyy) _____

Sign out partner as from (dd-mm-yyyy) _____

Data partner

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

Initial(s) _____

Sex

Male

Female

(Maiden)name _____

Date of birth (dd-mm-yyyy) _____

Citizen service number _____

Undersigned participant declares that the information given above has been **truthfully** completed. With this form you can make sure that your partner is registered correctly at Philips Pensioenfonds. In the event of your death your partner is entitled to survivor's pension according to the regulations of the pension scheme. He/she also declares that the partner complies with the partner definition as given in the regulations and that you and your partner are aware of the **rights and duties** associated with the registration and deregistration of a partner and of the effects of this on his/her pension rights.

Signature participant _____

Signature partner _____

Place _____

Date (dd-mm-yyyy) _____

Please return the completed form to:

Philips Pensioenfonds, Postbus 716, 3700 AS Zeist