

## Form 'Investment profile pre-retirement scheme'

Undersigned, participant in the Philips flex pension,

Client number \_\_\_\_\_

Initial(s) \_\_\_\_\_

Name \_\_\_\_\_

Telephone (work) \_\_\_\_\_

Telephone (private) \_\_\_\_\_

would like to invest his/her pension capital in accordance with the following investment profile from (dd-mm-yyyy): \_\_\_\_\_

Dymix

High risk

Equity fund	67%
Bond fund	33%
Money market fund	0% +
	<hr/>
	100%

Average risk profile

Equity fund	50%
Bond fund	50%
Money market fund	0% +
	<hr/>
	100%

Low risk profile

Equity fund	33%
Bond fund	67%
Money market fund	0% +
	<hr/>
	100%

Free choice (Please fill in your division over the investment funds in round percentages!)

Equity fund	%
Bond fund	%
Money market fund	% +
	<hr/>
	100%

In case of initial participation the amounts are invested via the Dymix-system as a standard. Annually on 30 September you can switch from Dymix to an active investment profile, on condition that your pension capital amounts to at least € 500. On 30 September you can also switch from an active investment profile back to Dymix. The Pension Fund must receive the form with your changed choice before 23 September. If the sum paid with your first participation amounts to at least € 500, then you do not have to wait for 30 September before you can switch to an active investment profile. In that case you can start investing actively within three months after your deposit, on condition that your form is received by the Pension Fund one week before the expire of that period at the latest. Within the active investment profiles you can switch once in a quarter. Please take into account the costs that go along with switching of profile (like switch costs, entry and exit costs).

**What ever your choice may be, you yourself remain responsible for (the consequences of) your choice. We can not give you any guarantees in relation to the investment results. Furthermore, we would like to point out that the results of investments can fluctuate.**

**Therefore the results that are obtained in the past can not guarantee the results for the future.**

Signature participant

---

Place

Date (dd-mm-yyyy)

---

**Please return the completed form to:  
Philips Pensioenfonds, Postbus 716, 3700 AS Zeist**