

## Waiver declaration for special survivor's pension

### Personal details of member Philips Pensioenfonds:

Name .....  
Policy number .....  
Date of birth .....

### Personal details of ex-partner:

Name .....  
Policy number .....  
Date of birth .....

### hereby declare that:

- The ex-partner stated above irrevocably waive the right to special survivor's pension from Philips Pensioenfonds;
- the special survivor's pension will be added to the survivor's pension of the member stated above. After the member's death, no survivor's pension will be paid to the ex-partner stated above.

### Signature

Place .....  
Date .....

Signature ex-partner .....

*Please note: include a copy of your passport or other proof of identity (a copy of a driving licence is not sufficient).*

Signature participant .....

You can submit this form digitally in your personal online pension environment MijnPPF.

You can log in via **[www.philipspensioenfonds.nl/mijnppf](http://www.philipspensioenfonds.nl/mijnppf)**.

You can also submit the form by surface mail. Within the Netherlands, you can use our business reply number (no stamp needed). If you are outside the Netherlands, please use our postbox address (a stamp will be necessary). Our address is stated at the bottom of this page.