

## Form request for value transfer

### Personal details

Name .....  
Client and policy number .....  
Email address .....  
Telephone number .....

### Details of previous pension administrator

Name previous pension administrator .....  
Registration / Policy number .....  
Name previous employer .....

### Signature

With this form I request a quote for value transfer. By signing this form, I agree that Philips Pensioenfonds and my previous pension fund or insurer will exchange information about a possible value transfer. I declare that I have completed this form truthfully. I will notify the Pension Fund of any changes to the information provided as soon as possible. I know that the Pension Fund registers my personal data.

### Signature

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