

Partner registration form

Personal details	
Name	
Client or policy number	
Email address	
Telephone number	
The member above would like to:	
☐ register a partner as of	
☐ de-register a partner as of	
Partner details	
Name of partner	
Date of birth of partner	
Partner's citizen service number	
Date of start of relationship	
Signatures	
By signing this form, you declare that your par	tner meets the conditions for entitlement to a survivor's pension
from Philips Pensioenfonds after your death. T	his means that you live at the same address and maintain a
collective household. Your partner is only eligib	ole for a survivor's pension if you register him or her before your
retirement date. Are you not married and do yo	ou not have a registered partnership? In that case, you must
notify the Pension Fund of any changes in you	r relationship in time. This will affect the survivor's pension.
Philips Pensioenfonds registers the personal de	etails of you and your partner inorder to administer your pension
scheme correctly. We treat your personal data	with care. Further details are available in our privacy statement
on our website.	
Signature of participant	
Signature of partner	
Date and place	
You can submit this form digitally in your person	onal online pension environment MijnPPF.
You can log in via www.philipspensioenfon	ds.nl/mijnppf.
You can also submit the form by surface mail.	Our address is stated below.











