

Anw shortfall insurance application form

Personal details

Name
Client or policy number
Marital status
Email address
Telephone number

Reason for registration/change

- Start of employment
- Marriage or registered partnership
- Birth or adoption of a child (enclose birth certificate)
- End of secondment abroad
- Revision or termination of the insurance

Desired change

- Full cover
- 2/3 cover
- 1/3 cover
- End of cover

Start/change date

Signatures

By signing this form, you declare that your partner meets the conditions for entitlement to Anw shortfall insurance from Philips Pensioenfond. This means that you are married or in a registered partnership, or that you cohabit at a common address and maintain a collective household.

You may only arrange or increase Anw shortfall insurance within three months of starting employment, starting a relationship or the birth or adoption of a child. You are liable for premium for this insurance from the start or change date. By signing this form, you authorise your employer or Philips Pensioenfond to withhold the insurance contribution from your salary or pension until the end of the cover. If you reduce or end the cover, the new contribution will apply from the first day of the month after receipt of this form.

Philips Pensioenfond registers the personal details of you and your partner in order to administer your pension scheme correctly. We treat your personal data with care. Further details are available in our privacy statement on our website.

Place

Date

Signature of participant

Signature of partner

Do not forget to include a copy of your passport or other proof of identity (a copy of a driving licence is not sufficient).

You can submit this form digitally and free of charge in your personal online pension environment MijnPPF.

You can log in via **www.philipspensioenfond.nl/mijnppf**.

You can also submit the form by surface mail. You can use our postbox address (a stamp is necessary). Our address is stated at the bottom of the first page.