a.s.r. de nederlandse verzekerings maatschappij voor alle verzekeringen

Transferring accrued benefits

The purpose of this form

You have decided to transfer your accrued benefits from a.s.r. to a different pension administrator. You can use this form to give us the details of the pension administrator you would like us to transfer your accrued benefits to.

We will transfer the relevant amount to the pension administrator of your choice after you have reached your retirement date. You will not receive a confirmation from us. You will be notified by your new pension administrator. What documents do you need to submit? A copy of your ID and, if you have a partner, a copy of his or her ID as well.

Where to send this form

Please fill in this form and send it:

- by email: scan the form and email it to mijnpensioen@asr.nl
- by post: send the form to a.s.r. pensioenen PO Box 2072, 3500 HB Utrecht, the Netherlands

Any questions?

Please contact us on +31 (0)30 257 42 66. We are a vailable on weekdays from 8.30 a.m. to 5.30 p.m.

Your details														
Policy number(s)														
Policy number(s)														
Policy number(s)														
Name and first name(s)														
Date of birth											 			
Address				_			_							
Postcode														
City/town			_											
Citizen Service Number (BSN)														

I would like a.s.r. to transfer the value of my accrued benefits to the following pension administrator:

Pension administrator's name	
Pension administrator's address	
Pension administrator's postcode and city/town	
IBAN	
Preferred description/payment reference for the transfer:	

Do you have an ex-partner?

Did you have a partner when you were	Then your ex-partner may be entitled to part of your pension. For this reason, we kindly ask you
employed by your former employer?	to also give us the date the relationship ended.
And did your relationship end during	This may be an ex-partner due to:
or after your employment?	divorce;

- termination of a civil partnership; or
- termination of a joint household, if:
- you and the person with whom you lived together were unmarried and not in a civil partnership;
 you were not blood relatives or related directly; and
- you were registered at the same address in the municipal personal records database (GBA) for at least six months, or had entered into a cohabitation agreement in the form of a notarized deed covering some financial matters.

☐ Yes, I ended one or more relationships as described above during or after my employment with my former employer.

Details of your ex-partner	
Ex-partner's full name	
Ex-partner's date of birth	
Date relationship ended	

Please complete if known	
Ex-partner's address	
Citizen Service Number (BSN)	
Type of relationship:	
	🗌 civil partnership
	joint household
	<i>Please note:</i> Your ex-partner may be entitled to part of your pension. If that is the case, we will contact you.
Signature	
Mr/Ms	
	(and his/her partner, as appropriate) (declares/declare) that he/she/they have completed this form truthfully. I agree that I will have no more rights based on my pension entitlements with a.s.r. once the value of my accrued benefits has been transferred.
Place	
Date	

Date	
Signature	
Partner's name	
Place	
Date	

Partner's signature