

Request to defer or bring forward retirement date

What is the purpose of this form?

Please use this form to let us know about changing your retirement date.

Where to send the form?

Please send the completed form:

- by email: send the scanned form to mail. utrecht.pensioenen@asr.nl
- by mail: a.s.r. pensioenen
Postbus 2072, 3500 HB Utrecht,
the Netherlands

Member's data

Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Initials	<input type="text"/>
Surname prefix	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Citizen service number (BSN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Pension data

I would like the retirement date to be	<input type="checkbox"/> Deferred <input type="checkbox"/> Brought forward
Accounting number(s)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Current retirement date *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Envisaged retirement date *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

* The pension will always come into payment from the first day of the month.

Signatures

Your name	<input type="text"/>
Your signature	<input type="text"/>
Full name of partner	<input type="text"/>
Signature of partner	<input type="text"/>
Signed in	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>