

Statement of termination of joint household

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 scanned form by email to
mijnpensioen@asr.nl

Your data

Policy number/numbers	<input type="text"/>
Surname and given name/names	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
Postcode and town/city	<input type="text"/>
Citizen service number (BSN)	<input type="text"/>

Data of ex-partner

Surname and given name/names	<input type="text"/>
Date of birth	<input type="text"/>
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Address	<input type="text"/>
Postcode and town/city	<input type="text"/>
Citizen service number (BSN)	<input type="text"/>

Details of joint household

Start date	<input type="text"/>
End date	<input type="text"/>

Signatures

The signatories hereby declare to have ended their joint household and to have completed this form truthfully.

Your name	<input type="text"/>
Date and town/city	<input type="text"/>
Signature	<input type="text"/>
Name of ex-partner	<input type="text"/>
Date and town/city	<input type="text"/>
Signature	<input type="text"/>