

## Information request transfer of accrued benefits group pension scheme

- If you have any questions about the procedure, please refer to your employer's pension scheme rules.
- We will only consider forms that are correct and complete.
- Please send your information request to your new pension administrator, ASR Levensverzekeringen N.V., within six months of joining the pension scheme.
- One form per former employer.

### 1 To be completed by the member

#### Member's data

Name and initials \_\_\_\_\_  male  female\*

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_

Citizen service number (BSN) \_\_\_\_\_

Address \_\_\_\_\_

Postcode and town/city \_\_\_\_\_

Date of birth \_\_\_\_\_

Civil status  
 single  
 joint household (Please refer to the pension scheme rules for the terms and conditions)  
 Married/civil partnership

#### Data of former employer

Name \_\_\_\_\_

Registered office \_\_\_\_\_

#### Data of former pension administrator

Name \_\_\_\_\_

Registered office \_\_\_\_\_

Contract, policy or registration number \_\_\_\_\_

### 2 Signature of member

Date \_\_\_\_\_ Town/city \_\_\_\_\_

Name of member \_\_\_\_\_ Signature of member \_\_\_\_\_

### 3 To be completed by the new employer

#### New employer

Name \_\_\_\_\_

Registered office \_\_\_\_\_

Contract, policy or registration number \_\_\_\_\_

Start date of employment \_\_\_\_\_

Start date of pension accrual \_\_\_\_\_ (Please refer to the pension scheme rules for the terms and conditions)

### 4 Signature of employer

Date \_\_\_\_\_ Town/city \_\_\_\_\_

Name of the person authorized to make decisions \_\_\_\_\_ Signature of the person authorized to make decisions or company stamp \_\_\_\_\_

\* For female members, please state your maiden name