

Authorisation to request pension information

Capital pension

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Why this form?

You can use this form to authorise someone other than yourself to apply for information concerning your pension (e.g. your employer, a family member or the union)



NB: This form cannot be used to authorise someone other than yourself to apply for your pension, or to make other financial decisions.

1. Authorisation

Please tick as applicable

- I want to authorize my employer
- I want to authorize a family member
- I want to authorize an advisor
- I want to authorize the union
- I want to authorize someone else

2. Your details

Please fill in your details

Pension number:	<input type="text"/>
Name:	<input type="text"/>
Date of birth:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Citizen Service Number:	<input type="text"/>
Telephone Number:	<input type="text"/>
Email address:	<input type="text"/>

3. Details of authorised person

Please fill in the details of the person you are authorising

Name:	<input type="text"/>
Name contactperson:	<input type="text"/>
Address:	<input type="text"/>
Postal code:	<input type="text"/> <input type="text"/>
City:	<input type="text"/>
E-mailadress:	<input type="text"/>

▶ Continue on the next page

4. Signature

Please fill in your own signature

Name:

City:

Date: - -

Your signature:

Please fill in the signature of the person you are authorising:

Name:

City:

Date: - -

Signature authorised person:

Please include a copy of your passport, identity card or driving license when returning this form.

Send this form to:

Cappital pensioen
 Postbus 554
 9700 AN Groningen
mijncappitalpensioen@asr.nl