

The undersigned states that they consent to data being retrieved for the request for the transfer of accrued benefits from the previous pension insurer to StiPP. This is based on your citizen service number (BSN).

YOUR PERSONAL DETAILS

Your customer
number _____

- Mr.
 Mrs.

Initial(s) _____

Birth name _____

Date of birth _____

Citizen service
no. (BSN) _____

Street _____

House number _____

Zip code _____

City _____

Country _____

Marital status:

- married
 registered partnership
 cohabitating
 unmarried
 divorced
 divorced and remarried

Are you married or cohabiting? If so, please provide your partner's details on the next page.

DETAILS OF CURRENT EMPLOYER

Name _____

Address _____

Location _____

Date of
commencement
of employment _____

YOUR PARTNER'S DETAILS

Initial(s) _____

Birth name _____

Date of birth _____

Citizen
service no. (BSN) _____

Marriage date _____

DETAILS OF PREVIOUS EMPLOYER

Name _____

Address _____

Location _____

Date of termination
of employment _____

DETAILS OF PREVIOUS PENSION PROVIDER

Name _____

Address _____

Location _____

Registration
number _____

Note: include a copy of the most recent pension statement from your previous employer.

YOUR SIGNATURE

Name _____

Date and place _____

Signature _____

Name partner _____

Date and place _____

Signature partner _____

Have you completed the form? Then please sign it and send it to us. This can be done via the contact form on stippensioen.nl/contact. You will also find our postal address there if you prefer to send it by post.