HEINEKEN
PENSIOENFONDS

WAIVER
For the Supplementary Partner's Pension Scheme

The undersigned,

Name of insured : Heineken number:
Date of birth :

Address :
City/town :

Partner's name :
Date of birth :

Taking into account:

- that the Supplementary Partner's Pension is effective at the employer;
- that the Supplementary Partner's Pension Scheme will be implemented by Stichting Heineken Pensioenfonds and has been laid down in the Supplementary Partner's Pension Scheme Rules and Regulations;
- that the insured is eligible for participation in this scheme;

Declares

1. that the insured has a partner who upon participation in the Supplementary Partner's Pension Scheme can become eligible for pension payments on account of that scheme;
2. that both have taken note of the contents of the Rules and Regulations of the Supplementary Partner's Pension Scheme and have understood the contents of these regulations;
3. that both are therefore aware of the rights arising from this scheme and the obligations which form an integral part of them;
4. that the insured has been given the opportunity by Heineken Nederland Beheer B.V. and the Pension Fund to join this scheme;
5. that both decided to take part in the Supplementary Partner's Pension Scheme;

City/town: Date:

_____ _____
Signature of insured Signature of partner

N.B. Your participation in the Partner's Pension Scheme will be maintained if your partner does not co-sign this statement

If you are still active for HEINEKEN, you can save the form and submit it to People Operations via AskHR. In other cases, you can save the form and send it to pensioenfonds@heineken.nl