



**REGISTRATION FORM  
For the Supplementary Disability Pension Scheme**

The undersigned,

Name : Registration number:

Address :

City/town :

Date of birth :

whereas:

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

declares

1. that the insured wants to participate in the Supplementary Disability Pension Scheme, which scheme will be implemented by Stichting Heineken Pensioenfonds and is described in the Supplementary Disability Pension Scheme Rules and Regulations;
2. that the insured has taken note of the contents of the Supplementary Disability Pension Scheme as set out in the Rules and Regulations of Stichting Heineken Pensioenfonds and that he/she has understood the contents;
3. that the insured is therefore aware of the rights arising from this scheme and the obligations which form an integral part of them;

City/town:

Date:

Signature:

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