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**REGISTRATION FORM**  
**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

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Signature of partner