



**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

You may scan the form and send it to pensioenfonds@heineken.nl.