
REQUEST FOR VALUE TRANSFER QUOTE

With submission of the form, you will request a quote for the transfer of your pension entitlements with former pension providers. You are free to accept or reject the quote.

Personal data

| | |
|--|---|
| Name: | <input type="text"/> |
| Date of birth: | <input type="text"/> |
| Address: | <input type="text"/> |
| Postal code and city/town: | <input type="text"/> |
| Date of joining HEINEKEN: | <input type="text"/> |
| Policy number: | <input type="text"/> |
| Life partner: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please select the applicable option for you: | <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Cohabitation contract |
| Your partners name: | <input type="text"/> |
| Your partners date of birth: | <input type="text"/> |

Previous employer(s) and pension provider(s)

Employer 1

| | |
|------------------------------------|----------------------|
| Name previous employer: | <input type="text"/> |
| Date of ending job: | <input type="text"/> |
| Name previous pension provider: | <input type="text"/> |
| Policy or registration number: | <input type="text"/> |
| Address previous pension provider: | <input type="text"/> |
| | <input type="text"/> |



Employer 2

Name previous employer:

Date of ending job:

Name previous pension provider:

Policy or registration number:

Address previous pension provider:

Employer 3

Name previous employer:

Date of ending job:

Name previous pension provider:

Policy or registration number:

Address previous pension provider:

If your request for value transfer to be processed, Stichting Heineken Pensioenfond's will contact your previous employer. In due time you will receive a quote for extra pension entitlements with Stichting Heineken Pensioenfond's that you can accept or reject.

Your signature

We will only accept complete and signed request forms. You agree to the retrieval and exchange of (personal) data with regard to your value transfer.

City/town:

Date:

Signature:
