

ANW shortfall insurance

(Please complete in block capitals, using a black or blue pencil)

Reason application/modification:

- Start of employment
- Marriage, registered partnership, unmarried cohabiting
- Birth/adoption child (enclose copy of birth-certificate)
- Reduction/termination of insurance

as of: - -
 (day) (month) (year)

Undersigned,

Salary number

Initial(s)

Name

Telephone number

Work

Private

Date of birth

 - -

Marital state

Married / legally registered

Unmarried cohabiting since:

 - -

applies:

- to be completely insured against the ANW shortfall
- to be insured for 2/3 against the ANW shortfall
- to be insured for 1/3 against the ANW shortfall
- not to be insured against the ANW shortfall

with effect from:

 - -

Data partner

Attention! Your partner is obliged to sign at the bottom of this form too.

Initial(s)

Sex

Male

Female

(Maiden)name

Date of birth

 - -

(insurance is only possible if partner is born in or after 1950)

Citizen service number

If you would like to take out insurance or if you wish to increase the insured amount, this form has to be received by Philips Pensioenfonds **within two months** after one of the above mentioned occasions has arisen. Requests received after this period will not be dealt with. A reduction of the insured amount or a termination of the insurance commences directly from the moment of receipt by Philips Pensioenfonds, unless a later date is stated on the form. The contribution will be reduced/terminated as from the first of the month following the date of receipt of the form or as from the first of the month following the later date stated on the form. If the date stated on the form is the first of any month and Philips Pensioenfonds received the form before or on that date, then the contribution will be reduced/terminated as from the date stated on the form. The undersigned participant authorises the employer/the Pension Fund to deduct the premium for the ANW shortfall insurance from the salary/pension with effect from the commencement date given above until further notice given in writing.

Place	Date
Signature participant	Signature partner

Please return the completed form to Philips Pensioenfonds, Postbus 80040, 5600 JP Eindhoven, the Netherlands.