

| <b>Partner Registration</b><br>For members of Philips Pensioenfond<br><i>(Please complete in block capitals, using a black or blue pen)</i> |  |        |         |  |       |         |        |
|---|--|--------|---------|--|-------|---------|--------|
| <b>Data member Philips Pensioenfond</b>   |  |        |         |  |       |         |        |
| Salary number   | <input style="width: 100%; height: 20px;" type="text"/>  |        |         |  |       |         |        |
| Initial(s)  | <input style="width: 100%; height: 20px;" type="text"/>  |        |         |  |       |         |        |
| Name  | <input style="width: 100%; height: 20px;" type="text"/>  |        |         |  |       |         |        |
| Telephone number  | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 2px;">Work</td> <td style="width: 50%; border: none; padding: 2px;">Private</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>   | Work   | Private |  |       |         |        |
| Work  | Private  |        |         |  |       |         |        |
|   |  |        |         |  |       |         |        |
| Date of birth   | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">(day)</td> <td style="text-align: center; font-size: small;">(month)</td> <td style="text-align: center; font-size: small;">(year)</td> </tr> </table> |        |         |  | (day) | (month) | (year) |
|   |  |        |         |  |       |         |        |
| (day)   | (month)  | (year) |         |  |       |         |        |
| would like to :   |  |        |         |  |       |         |        |
| <input type="checkbox"/> apply partner as from:   | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: none; text-align: center;">-</td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> </table>  |        | -       |  |       |         |        |
|   | -  |        |         |  |       |         |        |
| <input type="checkbox"/> sign out partner as from:  | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: none; text-align: center;">-</td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> </table>  |        | -       |  |       |         |        |
|   | -  |        |         |  |       |         |        |
| <b>Data partner</b>   |  |        |         |  |       |         |        |
| <i>Attention! Your partner is obliged to sign at the bottom of this form too.</i>   |  |        |         |  |       |         |        |
| Initial(s)  | <input style="width: 100%; height: 20px;" type="text"/>  |        |         |  |       |         |        |
| (Maiden) name   | <input style="width: 100%; height: 20px;" type="text"/>  |        |         |  |       |         |        |
| Date of birth   | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> </table>  |        |         |  |       |         |        |
|   |  |        |         |  |       |         |        |
| Sex   | <input type="checkbox"/> Male <input type="checkbox"/> Female  |        |         |  |       |         |        |
| Citizen service number  | <input style="width: 100%; height: 20px;" type="text"/>  |        |         |  |       |         |        |

Undersigned participant declares that the information given above has been **truthfully** completed. With this form you can make sure that your partner is registered correctly at Philips Pensioenfond. In the event of your death your partner is entitled to survivor's pension according to the regulations of the pension scheme. He/she also declares that the partner complies with the partner definition as given in the regulations and that you and your partner are aware of the **rights and duties** associated with the registration and deregistration of a partner and of the effects of this on his/her pension rights.

| Place                 | Date              |
|-----------------------|-------------------|
| Signature participant | Signature partner |

**Please return the completed form to: Philips Pensioenfond, Postbus 80040, 5600 JP Eindhoven, the Netherlands.**

This form is intended exclusively for unmarried, cohabiting partners who do not have a registered partnership listed at the civic registrar's office.