

Declaration of no participation to the net pay pension scheme

My details

Name: _____

Initials: _____ Prefixes: _____

Citizen Service Number (BSN): _____

Birth date (dd-mm-yyyy): _____

Address: _____

Post code and Place of residence: _____

E-mail: _____

Phone number: _____

Employer

By signing this form I declare that I do not, or no longer, wish to participate in the net pay pension scheme.

For confirmation

I hereby confirm that:

1. I have taken cognisance of the pension scheme offered to me by my employer, being the net pay pension scheme.
2. I am aware of the rights and obligations arising from this pension scheme.
3. I have made a conscious decision to not or no longer wish to make use of this pension scheme and that I have been sufficiently informed about the consequences of this cancellation for me and, if applicable, for my partner.
4. I am aware that as a consequence I will no longer be able to derive any rights from the dependent's pension insurance by virtue of the net pay pension scheme. This means that if I pass away before my retirement date, my surviving relatives will not receive an insured dependent's pension by virtue of the net pension scheme.
5. I am aware that as a consequence I will no longer be able to derive any rights from the insurance for waiver of premiums by virtue of the net pay pension scheme. This means that if I become occupationally disabled, the insurance company will not make a distribution allowing my pension accrual for the salary in excess of article 18ga lid 1 Wet op de Loonbelasting 1964 to be continued.
6. I am aware that the dependent's pension and the insurance for waiver of premiums in case of occupational disability are risk insurance policies which will be cancelled without value.
7. By signing this form I, and if applicable my partner, declare that I have informed my partner (if applicable) about my decision not to participate in the net pay pension scheme and about the consequences thereof.
8. I will not waive other pension entitlements and/or rights other than the net pay pension scheme offered by the employer.

9. I am aware that if I decide at a later time to again participate in the net pension scheme, that my acceptance depends on a completed health statement. If Centraal Beheer PPI will not accept the risk, no pension agreement will be concluded.
10. If this declaration is not signed by a partner, I do not have a partner.
11. I will inform possible future partners about this declaration.

Please enclose a copy of your identity card when returning this form. Please ensure that the signature on the identity card is clearly visible.

Signing



Please note: Please enclose a copy of your identity card when returning this form.
Please ensure that the signature on the identity card is clearly visible.

Place: _____

Date (dd-mm-yyyy): _____

Signature: _____



Please note: If you have a partner: please enclose a copy of your partner's identity card.
Please ensure that the signature on the identity card is clearly visible.

Partner's signature: _____

Send this completed form to: centraalbeheerpri@achmea.nl