

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: centraalbeheerppi@achmea.nl