

## Pensioen Plus application and change form

**Version November 2021** 

1 My details	
Name	
Date of birth	
Citizen service number	
Pensioen Plus policy number	
I would like to communicate the following changes for Pensioen Plus	
2 Requesting a proposal	
	sal for Pensioen Plus and you decided at the time not to participate and you now wish to do so, nask questions about your health or have you medically examined.
I would like to receive a proposal for Pensioen Plus. Proceed to question 7, signature.	
3 Stopping with Pensioen Plus	
I no longer wish to participate in Pensioen Plus as described in the pension regulations. Proceed to question 7, signature. Your partner must agree to this and sign this form with you.	
4a Applying for or stopping package 1 (supplement of partner's pension before the retirement date)	
<ul><li>Applying for package 1. Proceed to 4b for this choice.</li><li>Stopping package 1. Complete question 6 in any event.</li></ul>	
4b Partner's details	
Name of partner	
Date of birth	
Citizen service number	
5a Applying for, changing or safter your retirement date)	topping package 2 (supplement of retirement pension and partner's pension
Applying for package 2. Proceed to Stopping package 2. Proceed to que Changing package 2. Proceed to 5b	estion 7, signature. Your partner must also sign.
5b Selecting or changing contr	ribution for package 2
I choose to withhold the following perconduction of the follow	
5c Selecting or changing deat	h benefit in the case of choice for package 2 only
in investments as a result. In section	you have both package 1 and 2. enefit before the retirement date, which means that I can accrue a higher amount n 7, signature, your partner must also sign. ore the retirement date. Your partner buys this benefit of 90% of the value of the investments.

## Statement of no partner's pension before the retirement date Complete if you have a partner and have chosen at 4 to stop package 1. I do not want a partner's pension supplement before the retirement date with package 1. **Signature** Name Mr/Ms Town/city Date Signature Signature of partner with a copy of your partner's valid identity document. By signing, you agree to this choice. Only if you have signed this form, we will adjust the choice. Name Mr/Ms Town/city

## Sending

Signature

Date

Make a scan of this completed and signed form, or take a photo with your smartphone.

Make sure you scan or photograph the entire form, not just the page with the signatures. Send the scan, the photo or the form and – if necessary – a copy of your partner's valid identity document by e-mail to <a href="mailto:ppp@nn.nl">ppp@nn.nl</a> or by post to:

Nationale-Nederlanden Levensverzekering Mij. N.V. Postbus 93604, 2509 AV The Hague, The Netherlands

## Sending an identity document securely

Information on how to securely send personal data, such as an identity document, is available at nn.nl/levensverzekering under 'extra informatie > identiteitsfraude'. That will reduce the risk of identity fraud.