

## Change of personal data

Name & Initials\*: \_\_\_\_\_

Employee number\*: \_\_\_\_\_

Always fill in these details and sign. On the rest of the form, only fill in those parts where a change has taken place.

## Change of address

Address & house number: \_\_\_\_\_

Zip code & Place of Residence: \_\_\_\_\_

Phone number: \_\_\_\_\_ Starting date: \_\_\_\_\_

## Change civil state\*

Married since: \_\_\_\_\_ Divorced since: \_\_\_\_\_

Living together with notarial deed since: \_\_\_\_\_ Terminated per: \_\_\_\_\_

Partnership contract since: \_\_\_\_\_ Terminated per: \_\_\_\_\_

Registered partnership since: \_\_\_\_\_ Terminated per: \_\_\_\_\_

Full name (ex-) partner: \_\_\_\_\_

Birth date (ex-)partner: \_\_\_\_\_ Citizen service number (ex-)partner: \_\_\_\_\_

## Death of partner or child

Full name partner or child: \_\_\_\_\_

Birth date: \_\_\_\_\_ Date of death: \_\_\_\_\_

## Birth of child

Name & Initials: \_\_\_\_\_ Birth date: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

## Change of bank account details:

IBAN number: \_\_\_\_\_ Start date: \_\_\_\_\_

### Data filled in truthfully

Place and date

Signature

\_\_\_\_\_

You can send this form to or hand it in to HR Services or send it to Pensioenfonds Avebe, p/a Achmea Pensioenservices, P.O. Box 90170, 5000 LM Tilburg.

PLEASE NOTE: When entering into or terminating a cohabitation contract or registered partnership, you must enclose a copy of the contract or notarial deed. When terminating a marriage, you must enclose a copy of the divorce agreement.