

Registration form Value transfer

Participant

Full name: _____

Address: _____

Zip code & Place of residence: _____

Birth date: _____

Citizen Service Number (BSN): _____

Marital status*

Unmarried, never been married before

Unmarried, been married, date of divorce _____

Married, never been married before

Married, previously married, date of divorce _____

Living together

*Tick what is applicable

Data previous pension provider

Name: _____

Address: _____

Zip code & Place of residence: _____

Registration number: _____

Date of leaving employment: _____

Authorization

The undersigned hereby declares that he/she agrees to request and exchange data for the purpose of his/her request for an offer for value transfer with possible use of his/her Citizen service number.

Place and date:

Signature:
