

APPLICATION PARTNER

Personal data

Policy number

Name

Domestic Situation:

I am on(date)

☐ Married ☐ In a registered partnership

☐ Unmarried and living with a partner*

** Important: You and your partner are not blood relatives in the first or second degree*

Partner data:

Sexe ☐ Male ☐ Female

Family name

Given names (1st name in full)

Date of birth

Burgerservicenummer (BSN)

Signatures

I declare that I have completed this form truthfully. Any changes I report immediately to the pension fund. I know the pension fund files my personal details.

Place Date

Signature

Signature partner

How can you return the form to us?

You can upload this form via 'Upload documents' in MijnIFFPensioen or send it by post.

For this you can use our freepost number within the Netherlands:

Answer number 668, 1180 WB Amstelveen (no stamp required).

Outside the Netherlands, use the PO Box address: PO Box 123, 1180 AC Amstelveen (with stamp).

Or scan the form and email it to IFFPensioenfonds@blueskygroup.nl.