iff Pensioenfonds

Form request for value transfer

Personal details

Policy number .....

Name .....

Details of previous pension administrator 1

Name previous pension administrator .....

Address previous pension administrator .....

Registration / Policy number .....

Name previous employer .....

Details of previous pension administrator 2

Name previous pension administrator .....

Address previous pension administrator .....

Registration / Policy number .....

Name previous employer .....

Details of previous pension administrator 3

Name previous pension administrator .....

Address previous pension administrator .....

Registration / Policy number .....

Name previous employer .....

Signature

With this form I request a quote for value transfer. By signing this form, I agree that IFF Pensioenfonds and my previous pension fund or insurer will exchange information about a possible value transfer.
I declare that I have completed this form truthfully. I will notify the Pension Fund of any changes to the information provided as soon as possible. I know that the Pension Fund registers my personal data.

Signature

Place .....

Date .....

Signature participant .....

How do you send the form to us?

You can upload this form via 'Upload documents' in MyIFFPension 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.