

Additional partner pension insurance

1 Your details

1.1 Pension number
*It can be found under 'reference',
at the top of our letters*

1.2 Name Initials
Last name

1.3 Date of birth (ddmmyyyy)

Why this form?

This form can be used to inform us that your partner will get more or less additional partner pension in case of your death.

Return the form

Please return the form to:
PME
Postbus 5010, 9700 GA Groningen

Or email the signed form to:
deelnemer@pmepensioen.nl

2 Choose how much your partner gets in case of your death

2.1 You choose the additional amount your partner gets upon your death. You have three options.
Calculate the contributions on www.pmepensioen.nl/en/extra-money-until-your-partner-receives-aow.

I choose the gross sum of € 8,500 per year.

I choose the gross sum of € 13,700 per year.

I choose the gross sum of € 19,000 per year.

Additional medical questions

If you insure a higher amount, we require additional medical information.

3 Signature

You give permission to your employer to deduct the monthly insurance contributions from your gross salary.

3.1 City and date (ddmmyyyy)

3.2 Signature

Contact details

Phone: 088 1947 001
email: deelnemer@pmepensioen.nl

Postal address

Postbus 5010
9700 GA Groningen



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