

## 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 end your additional partner pension insurance. Your partner will not get additional partner pension from us upon 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](mailto:deelnemer@pmepensioen.nl)

### 2 Stopping your insurance

*Note! After stopping the insurance, your partner will no longer get additional partner pension from PME in case of your death.*

2.1 I want to end the additional partner pension insurance as of: (ddmmyyyy)

*You can end the additional partner pension as of the first of the month after the date of signing.*

### 3 Signature

3.1 City and date (ddmmyyyy)

3.2 Signature

#### Contact details

Phone: 088 1947 001  
email: [deelnemer@pmepensioen.nl](mailto:deelnemer@pmepensioen.nl)

#### Postal address

Postbus 5010  
9700 GA Groningen