

# EUROCLEAR PENSION FUND OFP

<b>Value transfer offer/execution form A</b>
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## **I To be completed by the participant**

### Participant details

Name and initials :  
Address :  
Postcode and city :  
BSN :  
Date of birth :  
Gender :  woman  man  
Marital status \*) :  married, never been married before  
 married, previously married  
 not married, never been married before  
 not married, previously married  
 cohabiting

\*) registered cohabitant = married

### (Ex-) partner details

Name and initials :  
Address :  
Postcode and city :  
Date of birth :  
Gender :  woman  man

### Former employer details

Name :  
Place of business :  
Employment end date :

### Previous pension provider details

Name :  
Address :  
Postcode and city :  
Registration number :

PTO

# EUROCLEAR PENSION FUND OFF

## New employer details

Name :

Place of business :

Employment start date :

The undersigned hereby declares to agree to the retrieval and exchange of data for the purpose of his/her request for a value transfer offer using the BSN-number.

.....  
(place)

.....  
(date)

.....  
(signature)