

SURVIVING DEPENDANTS ACT SHORTFALL PENSION FORM

* please tick your choice

The undersigned:

Name of participant :

Initials : BSN :

Date of birth :

- is single and is not interested in the voluntary Surviving Dependants Act shortfall pension insurance.
- cohabits but does not have a notarial cohabitation agreement and is not eligible for the voluntary Surviving Dependants Act shortfall pension insurance on the basis of the pension rules.

.....
date

.....
signature participant

- is married has a registered partnership
- cohabits and has a notarial cohabitation agreement (send along a copy of the first page)

Name of partner :

Initials : BSN :

Date of birth :

The participant and his/her partner declare that:

- with effect from they wish to be eligible for the voluntary Surviving Dependants Act shortfall pension insurance;
 - they have taken note of the voluntary Surviving Dependants Act shortfall pension insurance provisions and consent thereto;
 - they authorise the employer to deduct the insurance premium from the participant's income each month in equal instalments.
- they do not wish to participate in the Surviving Dependants Act shortfall pension insurance. The participant acknowledges that by signing this declaration he/she cannot claim any payment for his/her partner. By co-signing this declaration, the partner declares that he/she has been informed of and consents to the participant's decision and will not be able to claim payment under this insurance.

.....
date

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signature participant

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signature partner

