

# Form Temporary extra partner's pension

\* please tick your choice

The undersigned:

Name of participant : .....

Initials : ..... BSN : .....

Date of birth : .....

- is single and is not interested in insurance of a temporary extra partner's pension.
- cohabits but does not have a notarial cohabitation agreement and is therefore based on the pension scheme unable to insure a temporary extra partner's pension.

.....  
date

.....  
signature participant

- is married.                       has a registered partnership .
- cohabits and has a notarial cohabitation agreement (send along a copy).

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 temporary extra partner's pension insurance;
- they have taken note of the participation in the temporary extra partner's 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 insure a temporary extra partner's pension;
- the participant acknowledges that by signing this declaration he/she cannot claim any payment for his/her partner;
- 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

.....  
signature participant

.....  
signature partner

