

Request Transfer payment offer

Details to be specified by you:

Client number:

Name and initials:

Date of birth: male / female

Address:

Place of residence:

Marital status: unmarried/married/was married/cohabiting *)

Name partner

Date of birth partner male / female

If you were married please specify the following details of your ex-partner(s):

Name and initials:

Date of birth: male / female

Date of marriage:

Date of divorce:

Date of entry into employment with Vopak:

Date of admission to Vopak pension scheme

Previous employer:

(name and place of business)

Previous pension provider (name and address) :

(please fill in a separate form for each pension provider)

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Registration number / policy numbers:

Date of end of participation previous pension scheme:

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Place and date *Signature*

Return to:
Stichting Pensioenfonds Vopak, PO Box 863, 3000 AW Rotterdam or by mail to pensioenbureau@vopak.com

*) delete as appropriate