Change



Additional partner pension insurance

1 Your details			Why this form? This form can be used to inform us that
		I	your partner will get more or less additiona
1.1	Pension number		partner pension in case of your death.
	It can be found under 'reference',		
	at the top of our letters		Return the form
1 2	Name Initials	1	Please return the form to:
1.2	name initials		PME Postbus F010, 0700 CA Croningon
	Last name		Postbus 5010, 9700 GA Groningen
			Or email the signed form to:
			deelnemer@pmepensioen.nl
1.3	Date of birth (ddmmyyyy))		
_	01 1 1		C 1 .1
2	Choose how much	your partner gets in c	ase of your death
2.1	You choose the additional amount	your partner gets upon your death. You hav	ve three options.
	Calculate the contributions on www	w.pmepensioen.nl/extra-partner-pension.	
	I choose the gross sum of € 9,200 per year.		
	I choose the gross sum of € 14,800 per year.		
	I choose the gross sum of € 2	0,400 per year.	
	Additional medical questions		
	If you insure a higher amount, we require additional medical information.		
2	Cianatura		
3	Signature		
	You give permission to your emplor	ver to deduct the monthly insurance contrib	utions from your gross salary.
3.1	City and date (ddmmyyyy)		
3.2	Signature		



Phone: 088 1947 001 email: deelnemer@pmepensioen.nl



Postbus 5010 9700 GA Groningen

