Register your partner



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Do you have a live-in partner? Please use this form to register your partner at ING CDC Pensioenfonds. You will be notified by the pension fund when your partner's registration has been accepted. Registering your partner will ensure he/she receives pension if you should pass away.

Your partner and you must both place your signature on the form. Then, send the form and the supporting documents to:

ING CDC Pensioenfonds Postbus 4471 6401 CZ Heerlen

1. Your personal details Name Date of birth Client number Dutch citizen service number (BNS) Address Postal code + town postal code town 2. Your partner's personal details Name Date of birth day month vear Dutch citizen service number (BNS)



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3. Conditions

Your partner's registration for partner pension will only be accepted if you meet the conditions listed below. If you do not meet these conditions, ING CDC Pensioenfonds will reject the registration form. So, please make sure you meet these conditions before submitting this form.

- You and your partner have been living together as one household for at least six consecutive months.
- You and your partner are not married and have not entered into a registered partnership.
- ▼ You have a duty to support your partner.
- v You and your partner are not related to each other in the direct line (parent-child, grandparent-grandchild).

4. Supporting documents

If you have been living with your partner for fewer than five years and want to register him/her for partner pension, please send us a copy of your cohabitation contract (endorsed by a civil law notary) showing your duty to support your partner.

If you have been living with your partner for more than five years and want to register him/her for partner pension, you don't need to take any action. The pension fund will check your municipal registry to verify whether you have been living together for five years.

5. Report changes

You are required to report to the pension fund all changes that are relevant to the pension fund. For example, you must immediately report to us if your partnership has ended. Failure to do so means we can hold you liable for any ensuing cost. Any amount of pension wrongfully paid out will be offset or claimed back.

6. Signature

| Date and place | | | | |
|---|-----|------|------|-------|
| | | | | |
| | day | mont | year | place |
| Your signature | | | | |
| | | | | |
| Your partner's signature | | | | |
| | | | | |
| Your partner's signature (verification) | | | | |

Important note: by signing this form, you and your partner declare that you meet the conditions and that you have completed the form truthfully.

