

REJECTION OF PENSION RIGHTS STATEMENT

The undersigned

(name of policyholder):

Date of birth:

Residing in:

Name of employer:

Hereby expressly and unreservedly declares to refrain from becoming a member of the pension plan established by the employer for its staff, although he/she does comply with the conditions laid down in the regulations and would therefore be eligible to join a pension plan.

The undersigned hereby declares, also on behalf of his/her spouse/ partner who jointly signs this statement for agreement, not to assert any claims to pension either for himself/herself or for his/her dependants during the period in which the undersigned has not joined the pension plan referred to.

Should the undersigned at any time nevertheless decide that he/she wishes to join the pension plan, the rights ensuing therefrom relate only to the

period that lies between the joining of the plan referred to and the retirement date, or the earlier date of termination of employment. The consent of the employer is required to join the pension plan.

The undersigned is aware of the fact that joining in the future depends upon (medical) acceptance by the administrator of the pension plan.

The undersigned declares to fully understand the intent of this statement and be aware of the consequences. The undersigned declares to be aware of the fact that, as a financial provider, Allianz does not provide advice and that he/she can seek expert advice from his/her financial advisor.

Signature

signed in

date

signature of
policyholder

name of

policyholder

signature of
spouse/partner

name of

spouse/partner

Ondertekening

signed in

date

signature of
employer for
approval

signature of
financial advisor
for endorsement