



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/registered partnership/cohabiting *)

Name partner:

Date of birth partner: ☐ male / ☐ female

If you were married, had a registered partnership or ended cohabiting please specify the following details of your ex-partner(s):

Name and initials:

Date of birth: ☐ male / ☐ female

Date relationship started:

Date relationship ended:

Date of entry into employment with Vopak:

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:.....

.....

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