

Authorisation to request pension information

Why this form?

You can use this form to authorise someone other than yourself to apply for information concerning your pension (e.g. your employer, a family member or the union)

NB: This form cannot be used to authorise someone other than yourself to apply for your pension, or to make other financial decisions.

Authorisation

Please tick as applicable

- I want to authorize my employer
- I want to authorize a family member
- I want to authorize an advisor
- I want to authorize the union
- I want to authorize someone else

Your details

Please fill in your details

Pension number: _____

Name: _____

Date of birth: _____

Citizen Service Number: _____

Telephone Number: _____

Email address: _____

Details of authorised person

Please fill in the details of the person you are authorising

Name:

Name contactperson:

Address:

Please include a copy of your passport, identity card or driving license when returning this form.

Signature

Please fill in your own signature

Name:

City:

Date:

Your signature:

Please fill in the signature of the person you are authorising:

Name:

City:

Date:

Signature

authorised person:

Stuur het formulier naar:

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