

FORM ON CHANGE TO WAGE TAX CREDIT

Your details

Name and initials _____

Street and house number _____

Zip code and town/city _____

Country _____

Date of birth _____

Citizen Service Number
(Burgerservicenummer, BSN) _____

Telephone number _____

Email address _____

IBAN/bank account number _____

BIC _____

Do you want us to apply the wage tax credit to your pension?

(Please note: you can only have a wage tax credit applied by a single employer/benefit agency).

☐ Yes

☐ No

Date: _____

Signature: _____

**Send this form to: SPF, Antwoordnummer 130, 6130 VB Sittard
(from outside the Netherlands, send it to: SPF, Poststraat 1, 6135 KR Sittard).**

You can also email us at Info.PensioenfondsSABIC@dsm.com. This is considered to be less secure and the use of email is your own responsibility.