

VALUE TRANSFER APPLICATION FORM

(to be completed by the member)

Details member

Surname and initials

Date of birth

Gender

☐ male ☐ female

Address

Postcode and town/city

Marital status or partner relation

☐ married ☐ registered partnership ☐ single
☐ notarial cohabitation contract which has / has not
* notified to SPF (* circle appropriate answer)

Have you previously been
divorced or have been in one of
the above listed relationships?

☐ yes ☐ no

Daytime telephone number

Details previous employer

Name

Address

Postcode and town/city

Details previous pension administration agency

Name

Address

Postcode and town/city

Membership/policy number

Details new employer

Employee number

Employment date (start date)

Date:

Signature:

Details of the new pension administration agency

Name

Stichting Pensioenfonds SABIC (SPF)

Postal address

P.O. Box 6500, 6401 JH Heerlen

E-mail

Info.PensioenfondsSABIC@dsm.com

Bank account number

NL34INGB066.09.96.693

Contact details

Pension Desk: 045 5788100

Send the completed form to: **SPF, attn. Pension Desk, P.O. Box 6500, 6401 JH Heerlen**