PDN
Pensioenfonds DSM Nederland

APPLICATION FORM FOR PPS BENEFIT

You can use this form to apply for a PPS benefit. We will only consider your application if you send this form to PDN no earlier than six months and no later than three months prior to the desired commencement date. We will send you a letter with a survey no later than two months before the desired commencement date.

Data

PDN administration number _____

Name and initials _____

Date of birth _____

Telephone number(s) _____

Email address _____

PPS benefit amount

I want to convert my PPS balance into a PPS benefit:

☐ in its entirety, with a maximum benefit amount equal to 100% of the (last known) pensionable salary

☐ partially; this is only possible for part-time pension or part-time early pension

Period during which the PPS benefit is paid out

I want to receive my PPS benefit in the following period:

from[1]: _____ to[2]: _____

Date: _____ Signature: _____

*You can find more information on '**PPS scheme**' on our website.*

Send this form to: PDN, Antwoordnummer 110, 6400 VB Heerlen
(from outside the Netherlands, send it to: PDN, P.O. Box 6500, 6401 JH Heerlen).

[1] The earliest possible starting date of the PPS benefit is when you reach the age of 60.

[2] The last possible end date of the PPS benefit is when you reach your state retirement age (AOW).