

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.

| <u>Data</u> | |
|---|--|
| PDN administration number | |
| Name and initials | |
| Date of birth | |
| Telephone number(s) | |
| Email address | |
| Email address | |
| | |
| DDS handit amount | |
| PPS benefit amount | |
| I want to convert my PPS balance in | to a PPS benefit: |
| | m 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 |
| | for part-time pension of part-time early pension |
| Period during which the PPS benefit is paid out | |
| I want to receive my PPS benefit in the following period: | |
| I want to receive my FF3 benefit in the following period. | |
| . 1 | . 2 |
| from': | to ² : |
| | |
| | |
| | |
| Date: | Signature: |
| | |
| You can find more information on 'PPS scheme' on our website. | |
| TOU CAN TING THOU HIGH HAUDT ON PPS SCHEME ON OUR WEDSILE. | |

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).

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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).