

Authorization to request pension information



WHAT IS THIS FORM FOR?

You can use this form to authorize someone else, such as your employer, a family member, or the trade union, to request and receive your pension information.

Please note: You <u>cannot</u> use this authorization to have someone else apply for a pension or make other financial decisions.

You can find this on pour letters under

WHAT ELSE DO YOU NEED TO SEND

Enclose a copy of the passport, identity card, or driving license of both the person giving the authorization and the person who is being authorized.

Make sure the following details are made unrecognizable: the passport photo, the strip of numbers and codes at the bottom of the passport, the document number, and the citizen service number (burgerservicenummer or BSN). We do not need this data.

RETURNING THE FORM

You can upload this form via 'Upload documents' in MijnMarsPensioen or send it by post.

For this you can use our freepost number within the Netherlands:

Answer number 668, 1180 WB Amstelveen (no stamp required).

Outside the Netherlands, use the PO Box address: PO Box 123, 1180 AC Amstelveen (with stamp).

Or scan the form and email it to pensio@nservice@marspensioen.nl

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1.1 Pension number

Provide the details of the person who is issuing the authorizat

'Our reference'							
	Initials	Last name					
1.2 Name							
1.3 Date of birth (ddmmyyyy)							
1.4 E-mail address							
2 Details of the authoriz	zed representa	ative Now pro	vide the details	s of the	person y	∕ou are a	authorizin
2.1 Name of the employer, union, relative, or other third party							
2.2 Contact name							
2.3 Address	Zip code	Town/city					
2.4 Zip code, and town/city							
3 Signature							
3.1 Place and date (ddmmyyyy)							
	Member/person issuing	the authorization	Authorized re	epresenta	tive		
3.2 Signature							