

Date: (dd/mm/yyyy)

EXIT FORM (complete digitally)

Participants code (mandatory)

Personal information

Name
First names
Address
Telephone

Gender Male Female

Date of birth (dd/mm/yyyy)

ID number

E-mail

Civil Status Single Married Partner with cohabitation agreement
(The cohabitation agreement is only valid with the partner pension article included)

Date of marriage/cohabitation: (dd/mm/yyyy)
(mandatory)

Salary- and employers information

Employer

Exit reason Resign Disability Retirement Decease

Date of exit (dd/mm/yyyy)

Monthly salary (on 01-01) (fulltime salary)

Parttime percentage %

In case of premium reimbursement (The right for premium reimbursement will expire two years after the exit date)

Bank name

Bank account number

Swift code Bank

Signature participant

Signature HR and Company stamp

