forward
Kring van Unilever APF

Forward Supplementary Anw insurance

Unilever employee ID

Name : _____

Company where you work : _____

Date of birth : _____

Reason for sending this form

☐ Entry into service with effect from : _____
☐ Married on (date) : _____
☐ Notarial deed of cohabitation, dates : _____
☐ Had a baby : _____
☐ Other reason, namely : _____

1. ☐ Application for a new Supplementary Anw insurance

Are you married or have you registered your cohabitation with the registry office?

☐ Yes

☐ No, I cohabit

Have you applied for your partner to be registered with Forward for the partner pension for unmarried couples?

☐ Yes ☐ No

Do you wish to register your partner for partner pension?

☐ No ☐ Yes

Please send a copy of your cohabitation contract.

Do you wish to take out a Supplementary Anw insurance?

☐ Yes → go to point 4

2. ☐ I already have an Anw insurance and I wish to alter it → Go to point 4

3. ☐ I wish to terminate my Supplementary Anw insurance

☐ Due to end of relationship, date: _____
☐ Other reason – Please sign this form toghether with your partner.

4. Do you take care of children under age 18?

☐ Yes → My YOUNGEST CHILD is: Name : _____
Date of birth : _____

☐ No → Go to point 5

5. I want to insure the following benefit

☐ € 1.200 per month - start of payment after decease: immediately
☐ € 600 per month - start of payment after decease: immediately
☐ € 1.200 per month - start of payment after decease: when youngest child turns 18
☐ € 600 per month - start of payment after decease: when youngest child turns 18

The premium for the insurance will be deducted monthly from your gross salary; net you pay less.

Date : _____
Your signature : _____
Signature partner : _____

Please send completed form to:
Forward, Antwoordnummer 5566, 3000 VB Rotterdam

THIS SECTION IS TO BE COMPLETED BY FORWARD		
Start date	Monthly premium	Processed by CSPA

Unilever