

Model Questionnaire for Incoming Value Transfers outside the EU

Questionnaire

Question: Subject:

Yes: No:

| | | | |
|---|--|--|--|
| 1 | <p>Is an outgoing international value transfer permitted by your country's legislation and regulations, and are you prepared (as a pension-paying institution) to co-operate with a requested international value transfer to a Dutch pension administrator?</p> <p><i>Explanation:</i> A value transfer from your pension-paying institution to a Dutch pension administrator is only possible if your legislation and regulations permit outgoing international value transfers.</p> | | |
| 2 | <p>Do your legislation and regulations impose conditions on a outgoing international value transfers?</p> <p>If so, what are those conditions?</p> <hr/> <hr/> <hr/> <p><i>Explanation:</i> The Dutch pension administrator will assess, in the light of your description, whether these conditions are in accordance with Dutch pension legislation and then form an opinion whether it is possible to co-operate with the incoming international value transfer as envisaged.</p> | | |
| 3 | <p><i>This question is only to be answered if a partner's pension is also entailed.</i></p> <p>Has the partner, i.e. the beneficiary of the partner's pension, countersigned the international value transfer request?</p> <p><i>Explanation:</i> If a partner's pension forms part of the pension value to be transferred, the partner must also concur with the international value transfer request.</p> | | |
| 4 | <p>Will the transfer value of the pension capital be transferred by your pension-paying institution directly to the Dutch pension administrator?</p> <p><i>Explanation:</i> There is a Dutch fiscal requirement to the effect that the value transfer must go directly from the transferring pension-paying institution to the receiving pension-paying institution.</p> | | |

Full name and address of transferring pension administrator:

Signed (on behalf of pension administrator):

Name of signatory:

Telephone number of signatory:

E-mail address of signatory:

Position:

Date:

Name of present or former pension scheme participant:

Signature of present or former pension scheme participant:

Name of partner (if any):

Signature of partner (if any):

Date:
