

Date

24/05/2022

Customer number

Subject

Your entitlement to orphan's pension

Handled by

Pension administration

Telephone number

030 277 56 90

When answering, please always state the date and your customer number.

Dear _____,

Your father/mother, NAME, passed away on DATE. On behalf of StiPP, we would like to offer our condolences to you and the other surviving family members for this loss. Due to your father's/mother's passing, you are entitled to an orphan's pension from StiPP. You have a lot to deal with during this time. We are happy to help you take care of the application as quickly as possible. This letter explains what we need.

Complete and send forms

Before we can pay out your orphan's pension, we need some information from you. We have therefore enclosed a number of forms with this letter. Once you have completed and signed these forms, you can scan them and send them to us. You can do so using the contact form at stippensioen.nl/insturen.. You may also send the forms by post, of course. Below is an explanation of the different forms:

Payroll tax credit form and Account number specification form

Complete the *Payroll tax credit form*. StiPP must withhold income tax, national insurance contributions and the income-dependent contribution for the Healthcare Insurance Act from your orphan's pension. The information you provide on the form allows us to do this correctly. It is also important that you specify the bank account in which you would like to receive your orphan's pension. You can do so using the *Account number specification form*.

Small pensions may be commuted

If you are entitled to a small pension benefit, then we will commute the pension. This means you will receive a lump sum instead of a small monthly pension payment. The Pensions Act allows us to commute pensions if they are lower than a certain amount (the so-called commutation threshold). We can only determine whether this is the case for you once we have received all the necessary information. You will then be notified accordingly.

Any questions?

If you have any questions about this letter, please send us a message using the contact form at www.stippensioen.nl/contactformulier. You can also find more information on www.stippensioen.nl.

Kind regards,

On behalf of Stichting Pensioenfonds voor Personeelsdiensten,



Henry Dikkema

Director of Pension Management

Enclosures:

- Account number specification form
- Payroll tax credit form

Account number specification

Your personal details

First name and surname

Date of birth

Citizen service number (BSN)

Address

Telephone number

Name of parent or guardian

Your account details

Enter your account number here (with or without IBAN). If you do not have a bank account, please open one right away. If StiPP transfers funds to an account outside the Netherlands, it may charge you for this.

If you use an account number **with** IBAN, enter your details below.

IBAN*

In the name of

Country

BIC**

* The IBAN is your bank account number.

** The BIC is your bank's identification code. This code is required to ensure that banks can exchange transactions. They can both be found on your (digital) bank statement or you can request them from your bank.

If you use an account number **without** IBAN, enter your details below.

Account number

In the name of

Name of bank

Town/city

Country

BIC

Signature of responsible parent or guardian

Name of parent/guardian

Date

Signature

Send this form in along with a copy of one of your bank statements. This lets StiPP know that the account is genuinely yours.

Payroll tax credit

Your personal details

First name and surname

Customer number

Payroll tax credit on one income source only

The payroll tax credit can only be applied by one benefit provider. If you receive benefits from multiple providers, have the provider with the highest gross benefit apply the payroll tax credit. For more information about the payroll tax credit, visit www.belastingdienst.nl. If you already have another source of income to which the payroll tax credit is applied, choose **No** below.

Do you want us to apply the payroll tax credit?

Yes

No

Signature of parent/guardian	Name of parent or guardian:
	Date: Town/city:

Send this form to us using the contact form at www.stippensioen.nl