

Customer service +46 (0)60-18 75 85 www.kapan.se

## Send this form together with the account notification form to:

Kåpan Tjänstepension, SE-851 90 Sundsvall, Sweden or by e-mail to kundservice@kapan.se

## You need to register your account to receive your money

If you have a Swedish bank ID, you can log in to kapan.se/mina-sidor where you can both apply for your pension and register your account. If you do not have a Swedish bank ID, you need to register your account with a form that you can find at kapan.se/account.

We need your forms no later than two months before you want your payment. If you apply online, you can receive your pension next month.

| 1  | Dor | cona | linfo | rma | tion |
|----|-----|------|-------|-----|------|
| 1. |     |      |       |     |      |

| 1. Personal information  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Name   | Swedish personal ID, Date of birth / (YYYY MM DD – NNNN) |  |  |  |  |  |
| Street address 1   | Street address 2   |  |  |  |  |  |
| Post code and city   | Country  |  |  |  |  |  |
| E-mail   | Telephone number   |  |  |  |  |  |
| 2. Fill in how you want to withdraw your pension from Kåpan                              |  |  |  |  |  |  |
| a) Apply for your Kåpan Tjänste and Kåpan Extra according to the pension agreement PA 16 |  |  |  |  |  |  |

Your pension is paid out for life unless you choose a limited period.

| Insurance number                     | year, month               |
|--------------------------------------|---------------------------|
|                                      | Start my payment from:    |
| I want the insurance to be paid out: | years (5-20 years)        |
| for life for a limited;              | period of: as a lump sum* |
| Insurance number                     | year, month               |
|                                      | Start my payment from:    |
| I want the insurance to be paid out: | years (5-20 years)        |
| for life for a limited p             | period of: as a lump sum* |
| Insurance number                     | year, month               |
|                                      | Start my payment from:    |
| I want the insurance to be paid out: | years (5-20 years)        |
| for life for a limited p             | period of: as a lump sum* |

## b) Apply for your Kåpan Flex according to the pension agreement PA 16

Your pension is paid out for life unless you choose a limited period.

|                                      | ,                        | <b>F</b>               |                |
|--------------------------------------|--------------------------|------------------------|----------------|
| nsurance number                      | year, month              |                        |                |
|                                      |                          | Start my payment from: |                |
| I want the insurance to be paid out: |                          | years (1-20 years)     |                |
| for life                             | for a limited period of: |                        | as a lump sum* |

<sup>\*</sup> You can only take out the pension as a lump sum if the value of the insurance is lower than a price base amount.

<sup>\*</sup> You can only take out the pension as a lump sum if the guaranteed value of the insurance is lower than a price base amount.



## c) Apply for your Kåpan Valbar and Kåpan Aktieval according to the pension agreement PA 16

Your pension is paid out for life unless you choose a limited period. Insurance number year, month Start my payment from: I want the insurance to be paid out: years (10-20 years) for life for a limited period of: as a lump sum\* Insurance number year, month Start my payment from: I want the insurance to be paid out: years (10-20 years) for life for a limited period of: as a lump sum\* Insurance number year, month Start my payment from: I want the insurance to be paid out: years (10-20 years) as a lump sum\* for life for a limited period of: \* You can only take out the pension as a lump sum if the guaranteed value of the insurance is lower than a price base amount. d) Apply for your Kåpan Tjänste and Kåpan Extra according to the pension agreements PA-91, PAF or ITP-P and Kåpan Plus (private pension) Your pension is paid out for life unless you choose a limited period. Insurance number year, month Start my payment from: I want the insurance to be paid out: years (5-20 years) for life for a limited period of as a lump sum\* to 65 years (for at least 3 years\*\*) Insurance number year, month Start my payment from: I want the insurance to be paid out: years (5-20 years) for life for a limited period of as a lump sum\* to 65 years (for at least 3 years\*\*) Insurance number year, month Start my payment from: I want the insurance to be paid out: years (5-20 years) for life for a limited period of as a lump sum\* to 65 years (for at least 3 years\*\*) \* You can only take out the pension as a lump sum if the value of the insurance is lower than a price base amount. \*\* Payment period needs to be at least 3 years. This means that you, at the latest, need to start payment of your pension from the month you turn 62 years. 3. Signature

Date Signature
Kåpan Tjänstepension is the controller of the personal data processing within our association. Read more at www.kapan.se/personal-data