

Registration of unpaid leave

Why this form?

You can use this form to inform us of time taken off as unpaid leave.

Details of employer

Please fill in your details

Employers number: _____

Name: _____

Address: _____

Postcode and city: _____

Telephone number: _____

Details of employee

Please fill in the details of the employee

Pension number: _____

Name: _____

Date of birth: _____

Citizen Service Number: _____

Telephone number: _____

Email address: _____

Details unpaid leave

Please fill in details of the unpaid leave

Start date unpaid leave: _____

Percentage unpaid leave: _____

Enddate unpaid leave: _____

Part-time factor

following unpaid leave: _____

**Examples:*

If a participant has a part-time factor of 0.8 and takes full leave, the percentage of leave is 100%.

If a participant takes unpaid leave for 1 day a week (8 hours) and has a part-time factor of 0.5 (20 hours), the percentage of leave is 40%.

*** If the end date is not known at the start of the unpaid leave, you must submit a new form as soon as the end date is known.*

Your choice

The following arrangement has been agreed between the employer and the employee regarding pension accrual during the period of unpaid leave. (Tick as applicable)

Full pension accrual

Aegon Cappital charges the full defined contribution and risk premium based on the most recently known monthly salary and part-time factor immediately prior to the unpaid leave.

No pension accrual

Aegon Cappital only charges risk premium for a term up to 18 months based on the most recently known monthly salary and part-time factor immediately prior to the unpaid leave.

You can make arrangements with your employee about the individual employee contributions to be paid by them during the period of unpaid leave.

Signature employee

Name: _____

City: _____

Date: _____

Your signature: _____

Signature employer:

Name: _____

City: _____

Date: _____

Your signature: _____

Send the form to:

Aegon Cappital
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9700 AN Groningen

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