

Assignment – Occupational Pension Insurance to New Employer



Assignment

<input type="checkbox"/> Occupational pension insurance to new employer	<input type="checkbox"/> Occupational pension agreement to new employer
Insurance policy number/contract number	Assignment date (the next due date unless otherwise stated)
In conjunction with assignments from special agreements, Futur only provides the ordinary range of funds (investment occurs in Danske Invest Active Wealth Management unless another election is made). Please note that fees and terms and conditions can be different.	

Previous employer

Name of the entity	Registration number
BG/PG/account number (must be stated in respect of any repayment of premiums)	
Premiums which are paid following the cessation of employment are repaid for a retroactive period of three months, unless the insured has been informed (signed the assignment).	

New employer (new policyholder)

Name	Personal ID number/registration number	Citizenship (if other than Swedish)	
Address	Post code	Town/city	Country (if other than Sweden)
Telephone number			

New employer's e-mail (new policyholder) – Particularly important information for administration of the insurance

E-mail

Power of attorney, personal data and terms and conditions

Power of attorney: The brokerage company which brokered the insurance is hereby given the right to represent the policyholder in relation to issues regarding this insurance agreement. The power of attorney also confers the right to procure information as well as to receive documents as a result of this agreement. Any documents which are sent to the attorney shall be deemed to have been sent to the grantor. This power of attorney shall apply until such time as Futur has received a written notice of revocation thereof or reviewed a new power of attorney.

Processing of personal data: Futur processes your personal data in accordance with what is stated in the General Information regarding Processing of Personal Data (www.futur.se/gdpr) and Information concerning Processing of Personal Data regarding Pension Insurance (www.futur.se/gdpr/pensionsforsakring). Information can also be obtained following an inquiry to Futur.

Terms and conditions: I have reviewed and accept Futur's Pre-Purchase Information Sheet, Fact Sheet, Product Terms and Conditions and General Insurance Terms and Conditions, and in conjunction with custodian insurance – the relevant custodian institution's regulatory framework. I am aware and acknowledge that I am personally responsible for the financial risk in respect of the change in value in the securities which I have in my insurance.

Signature of authorized representative of previous employer (not required if the employer is dissolved through bankruptcy or liquidation)

City	Date	Signature	Name in print
City	Date	Signature	Name in print

Signature of authorized representative of new employer (new policyholder)

City	Date	Signature	Name in print
City	Date	Signature	Name in print

Signature of the insured

City	Date	Signature	Name in print
------	------	-----------	---------------

Responsible advisor/insurance broker

Code	Name	Responsible assistant
Contact e-mail		