

Assignment – Occupational Pension Insurance to Private Owner



Information prior to the assignment

(Note that the broker/advisor must provide an account of the consequences of the assignment)

The assignment of the ownership of the occupational pension insurance from the entity to the employee. Only relates to the pension capital. Waiver of premium insurance, survivor's pension and health insurance cannot be assigned and are terminated in connection therewith. The insurance category of occupational pension is maintained. Note that a privately-owned occupational pension is not to be regarded as a private pension, premium payments by the insured are thus not possible.

Assignment

Insurance policy number	Assignment date (next due date unless otherwise stated)
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Previous policyholder

The entity's name	Registration number
BG/PG/account number (must be specified for any repayment of premium)	
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).	

Insured (new policyholder)

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

The insured'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 written 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 concerning 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, Fact Sheet, Product Terms and Conditions and General Insurance Terms and Conditions, and in conjunction with portfolio bond 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 as a consequence of bankruptcy or liquidation)

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

Signature of the insured (new policyholder)

City	Date	Signature	Name in print
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Responsible advisor/insurance broker

Code	Name	Responsible assistant
Contact e-mail		