

Send the form via a message at kapan.se or by letter to:
Kåpan Tjänstepension, Box 605, SE-851 08 Sundsvall, Sweden

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

1. Personal information

Name	Swedish personal ID, Date of birth / (YYYY MM DD – NNNN)
Street address 1	Street address 2
Postal code and city	Country
Email address	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)
<input type="checkbox"/> for life	<input type="checkbox"/> for a limited period of: <input type="checkbox"/> as a lump sum*

Insurance number	year, month
Start my payment from:	
I want the insurance to be paid out:	years (5-20 years)
<input type="checkbox"/> for life	<input type="checkbox"/> for a limited period of: <input type="checkbox"/> as a lump sum*

Insurance number	year, month
Start my payment from:	
I want the insurance to be paid out:	years (5-20 years)
<input type="checkbox"/> for life	<input type="checkbox"/> for a limited period of: <input type="checkbox"/> as a lump sum*

* You can only withdraw the pension as a lump sum if the value of the insurance is lower than a price base amount.

b) 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)
<input type="checkbox"/> for life	<input type="checkbox"/> for a limited period of: <input type="checkbox"/> as a lump sum*

Insurance number	year, month
Start my payment from:	
I want the insurance to be paid out:	years (10-20 years)
<input type="checkbox"/> for life	<input type="checkbox"/> for a limited period of: <input type="checkbox"/> as a lump sum*

Insurance number	year, month
Start my payment from:	
I want the insurance to be paid out:	years (10-20 years)
<input type="checkbox"/> for life	<input type="checkbox"/> for a limited period of: <input type="checkbox"/> as a lump sum*

* You can only withdraw the pension as a lump sum if the value of the insurance is lower than a price base amount.

c) 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.

Insurance number	year, month
Start my payment from:	
I want the insurance to be paid out:	years (1-20 years)
<input type="checkbox"/> for life	<input type="checkbox"/> for a limited period of: <input type="checkbox"/> as a lump sum*

* You can only withdraw the pension as a lump sum if the 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)
<input type="checkbox"/> for life <input type="checkbox"/> for a limited period of	<input type="checkbox"/> as a lump sum* <input type="checkbox"/> 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)
<input type="checkbox"/> for life <input type="checkbox"/> for a limited period of	<input type="checkbox"/> as a lump sum* <input type="checkbox"/> 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)
<input type="checkbox"/> for life <input type="checkbox"/> for a limited period of	<input type="checkbox"/> as a lump sum* <input type="checkbox"/> to 65 years (for at least 3 years**)

* You can only withdraw 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. Fill in the bank account to which you want your pension paid

a. Bank account in a Swedish bank

The account you register must be your own or one you share with someone.

Clearing number (4 or 5 digits)	Account number
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b. Bank account in a bank outside of Sweden

If you notify an account with a bank outside Sweden, you need to supplement this form with a proof of account from your bank, that shows you are the account holder or co-account holder of the account.

BIC/Swift Code (8 or 11 characters)	IBAN or Account No	Additional code for certain countries *
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* If you register an account in any of the countries below, you need to supplement the account number with the following code: USA – Fedwire/ABA No (9 digits), Canada – Transit No. (9 digits), Australia – BSB (6 digits) or India – IFSC code (11 characters)

4. Signature

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