Formal request to transfer pension rights under Article 11(1) or Article 12(1)(b) of Annex VIII to the Staff Regulations

	I, the undersigned,
	Personnel N°.
	Request the transfer in full of the actuarial equivalent of my pension rights to the pension scheme indicated below:
	DateSignature
	Box to be completed by the abovementioned pension scheme:
Pension S	cheme:
Represent	ed by:
Ac	ecepts the transfer of the actuarial equivalent Refuses the transfer of the actuarial equivalent
Date Signature.	
	Official Stamp
	We will send the bank forms (financial identification and legal entity) to be
	mpleted by the pension scheme after receipt of this document duly signed.

This document must be returned, together with the official letter from the pension scheme, to the following address:

EUROPEAN COMMISSION PMO.4-3 – RUE DE LA LOI 200 B - 1049 BRUSSELS