

Request for quotation for pension insurance / Questionnaire I

Private pension insurance with monthly savings installment

First a question on our own behalf: How you hear about us?

via Google search through friends about radio advertising via newspaper advertisement in

Otherwise

Customer:

Surname

First name

Email

Phone

Fax

General questions:

Date of birth

Gender Male Female

Nationality

Resident in Spain Yes No

Occupation

Status Self-employed Employed

Address:

Street/No.

Postcode/City

Monthly investment amount €

or

Target monthly pension €

Investment period years

Method Annually Half-yearly

of payment Quarterly Monthly

Provision for surviving dependants:

Important Not so important

Occupational disability supplement:

Yes No

premium dynamic per year:

3% 5% None

I agree the privacy policy of Iberia Versicherungsmakler, SL, for more information www.iberiaversicherungsmakler.com/datenschutz

Date, place

Signature of interested party

Please return to:

IBERIA INSURANCE BROKER

info@iberiaversicherungsmakler.com

or by post:

Gran Via Puig de Castellet 1, Local 2

E 07180 Santa Ponsa - Mallorca, España

Tel.: 0034 971 69 90 96 - Fax: 0034 971 69 90 97

We would also be happy to advise you personally!

Special remarks:

Request for quotation for pension insurance / Questionnaire II

Private pension insurance against a single payment and pension commencement in the future or pension payment starting immediately

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via Google search through friends about radio advertising via newspaper advertisement in
Otherwise

Customer:

Surname
First name
Email
Phone
Fax

General questions:

Date of birth
Gender Male Female
Nationality
Resident in Spain Yes No
Occupation
Status Self-employed Employed

Address:

Street / No.
Postcode /
City

Single premium: €
Duration of the pension payment:
 For life or years
Investment period / start of annuity payment:
 Immediate start or years

Provision for surviving dependants:
 Important Not so important
Occupational disability supplement:
 Yes No

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