

## Quotation form for pension / Page 1

Private pension insurance with monthly savings rate

First we have a question on our own account: How did you find about us?

Google  Facebook  Radio  Newspaper:   
Other

### Insurance holder / person to insure:

Name   
Surname   
Email   
Phone   
Fax

### General questions:

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

### Address:

Street / No   
Postcode  Town

Monthly investment  €  
or  
Target monthly pension  €  
Investment duration  Years  
Method of payment  Yearly  Half yearly  
 Quarterly  Monthly

Provision for surviving dependants:  
 Important  Not so important  
Disability supplement:  
 Yes  No  
Premium dynamics per year:  
 3%  5%  None

I agree with the privacy policy of Iberia Insurance Brokers, for further details, see [www.iberiainsurancebrokers.co.uk/privacy-policy](http://www.iberiainsurancebrokers.co.uk/privacy-policy)

\_\_\_\_\_  
Date Signature

### Please return this form to:

**IBERIA INSURANCE BROKERS**  
info@iberiainsurancebrokers.co.uk  
Gran Via Puig des Castellet 1  
07180 Santa Ponsa, Majorca, Spain

Phone: 0034 - 900 52 58 90 - 0034 - 971 - 69 90 96

**Please feel free to call us for a personal advice!**

### Remarks:

## Quotation form for pension / Page 2

Private pension insurance for one-off payments and start of retirement in the future or immediately commencing pension payment

First we have a question on our own account: How did you find about us?

Google  Facebook  Radio  Newspaper:

Other

### Insurance holder / person to insure:

Name

Surname

Email

Phone

Fax

### General questions:

Date of birth

Gender  Male  Female

Nationality

Resident in Spain  Yes  No

Profession

State  Self-employed  Employed

### Address:

Street / No

Postcode

Town

One-time investment amount:  €

Duration of the pension payment:

For a lifetime or   Years

Investment period / start of pension payment:

Immediate start or   Years

Provision for surviving dependants

Important  Not so important

Disability supplement:

Yes  No

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Date

Signature

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Remarks: