

**CONSENT ON WAIVER OF THE YEARS OF PENSIONABLE SERVICE, RETIREMENT PENSION ON FAVORABLE TERMS
OR PENSION SUPPLEMENT**

1. DETAILS OF THE PERSON GIVING CONSENT:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	<i>(street) (city/town) (county) (index)</i>

2. DETAILS OF THE LEGAL REPRESENTATIVE OF THE PERSON GIVING CONSENT:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	<i>(street) (city/town)(county) (index)</i>

3. WAIVER OF PENSION RIGHTS RELATED TO RAISING A CHILD:

The child's first and last name	The child's date of birth or personal identification code	I waive my retirement pension on favorable terms	I waive the inclusion of the time of caring for a toddler (from the child's birth to the age of 3) in the pension qualifying period		I waive 2 years of the pension qualifying period and/or pension supplement for raising a child
		<input type="checkbox"/>	<input type="checkbox"/> I waive the entire period	<input type="checkbox"/> I waive the period partially* <i>(see notes box)</i>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> I waive the entire period	<input type="checkbox"/> I waive the period partially* <i>(see notes box)</i>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> I waive the entire period	<input type="checkbox"/> I waive the period partially* <i>(see notes box)</i>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> I waive the entire period	<input type="checkbox"/> I waive the period partially* <i>(see notes box)</i>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> I waive the entire period	<input type="checkbox"/> I waive the period partially* <i>(see notes box)</i>	<input type="checkbox"/>

4. NOTES:

** If you partially waive the inclusion of the time spent caring for a small child in the pension qualifying period, please indicate here the child's name, personal identification code/date of birth, and the period(s) you are willing to waive.*

5. I AM AWARE, and I CONFIRM that:

if the other parent uses the pension qualifying period for taking care of a toddler or the period for raising children to obtain the right to a pension, **this period of time cannot be transferred or shared in the future.**

6. DATE AND SIGNATURE OF SUBMISSION OF APPLICATION:

. 20	Signature of the person giving consent:	
	Signature of the legal representative of the person giving consent:	
<input type="checkbox"/>	The person granting consent or legal representative of the person granting consent has signed the application digitally	