

## Settlement procedure

### **Important notice about fraud – unlawful interception of settlement letters**

Several letters sent by our customers to AG Insurance have been intercepted and fraudulently amended by scammers – for example, by altering the account number and contact details of the insured.

To reduce the risk of fraud, please take the following **additional precautions**:

- **if you, the employer, are using an alternative to e-mail to send us the settlement forms**
- **if the affiliate will be sending us the settlement forms directly**

**Employers who send in their settlement forms by e-mail ([servicesEB@aginsurance.be](mailto:servicesEB@aginsurance.be)) do not need to follow this procedure.**

1. Fill out the attached settlement form and send it back to us together with the additional required documentation.
2. Tell the plan participant to ask his/her financial institution to complete the "Confirmation of Bank Account Holder Details" declaration on the last page of this document. The declaration should be sent back to us directly by the financial institution using the following e-mail address: [servicesEB@aginsurance.be](mailto:servicesEB@aginsurance.be).

If e-mailing us the forms is not an option, we recommend that you follow the same procedure and then send all documents to the following address:

AG Insurance  
EB Services – JQ4D  
53 boulevard Emile Jacqmain  
B-1000 Brussels

Please fill out in CAPITAL letters

Group/subgroup No.: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Date of settlement: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you taking [early] statutory retirement?  Yes  No  
 If "Yes", start date of your [early] statutory retirement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**■ Identity**

participant

spouse

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Nationality / Chosen language: \_\_\_\_\_ /  FR  NL  DE  EN \_\_\_\_\_ /  FR  NL  DE  EN

Place and date of birth: \_\_\_\_\_

Family situation<sup>(1)</sup>:  married / legal cohabitant<sup>1</sup>  single<sup>2</sup>  widow(er)  cohabitant

<sup>1</sup> including "actual divorce" and "legal separation" <sup>2</sup> including "divorced"

National register No.:	_____
Place of residence [street, No., box No.]:	_____
Postal code/municipality:	_____ / _____
Private phone No.:	_____ Mobile phone No.: _____
Private e-mail address:	_____

**■ Form of settlement of the contracts**

The benefits insured by the contract shall be <sup>(1)</sup>:

paid out to the participant as a lump sum and transferred to the following account n°:  
 IBAN: \_\_\_\_\_ BIC: \_\_\_\_\_ of the participant.

invested in an AG Ascento plan <sup>(2)</sup>  
 converted into a reversionary [\_\_\_\_%]/non-reversionary<sup>(3)</sup> annuity

<sup>(1)</sup> Please tick applicable box(es)

<sup>(2)</sup> AG Ascento offers exclusive solutions which fit the continuity of your group insurance. If you need more information, please visit our web site [www.agemployeebenefits.be/ascento](http://www.agemployeebenefits.be/ascento) or contact our end-of-career AG Ascento service on +32 (0)2 664 82 07. <sup>(3)</sup> Delete where applicable

**■ In case of advance payment on the group insurance policy and/or mortgage credit**

In order to become eligible for taxation according to the system of fictitious annuity, the participant shall fill out and sign the declaration hereunder.

The participant confirms that the objective of the advance payment or the mortgage credit is the construction, purchase, conversion, improvement or repair of the participant's only residence located in the European Union and exclusively meant for his personal use and use by the members of his household?  Yes  No

Failing such, AG Insurance will consider the conditions for taxation according to the system of fictitious interest not to be fulfilled.

**■ In case of actual activity up to the statutory retirement age**

In that case, you can benefit from a reduced taxation for all or part of the capital amounts you are entitled to. Have you been actually active up to the statutory retirement age according to the conditions decreed by the fiscal administration in order to benefit from reduced taxation?  Yes  No

**■ In case of settlement before the age of 62**

Should you opt for [early] retirement before you reach the age of 62, note that the share of complementary retirement benefits that you accrued through employer contributions will continue to be taxed at the rate of 16.5%, as of 1 July 2013.

**■ In case the fiscal domicile or the seat of your estate is located abroad**

In case your fiscal domicile or the seat of your estate is located abroad at the time of settlement of your contracts, we must be informed thereof [with reference to the country concerned]. As a matter of fact, in such event, special measures may be required.

Yes, my fiscal domicile or my seat of estate is located abroad at the time of settlement of my contracts.

Identification of the country concerned: \_\_\_\_\_

**■ Documents to be attached to this notice**

- A photocopy of both sides of the identity card of the participant [MANDATORY].
- A certificate or other documentary evidence issued by the Belgian National Pension Office proving that [early] statutory retirement has been taken [MANDATORY].

N.B.: the employer hereby certifies that the information regarding the participant's marital/family status, address, bank details and professional activities until retirement is true, complete and accurate.

Drawn up in [town/city] \_\_\_\_\_ on [date] \_\_\_\_\_

**Employer's signature**

**Participant's signature**

## ■ Confirmation of Bank Account Holder Details DECLARATION TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Please ask your financial institution to complete this form. This form **must** be sent to us **directly by your financial institution** using the following e-mail address: [servicesEB@aginsurance.be](mailto:servicesEB@aginsurance.be)

Contract number: : .....

With this form, I hereby confirm that:

Surname: ..... First Name: .....  
born on ...../...../.....

is the account holder of the following bank account which has been opened with our financial institution:

IBAN: .....

BIC: .....

Name of financial institution:	.....
Surname and first name of the undersigned:	.....
Position:	.....
Complete address of the financial institution:	..... ..... ..... .....
Date:	.....
Signature and stamp:	.....