

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) 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.

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: _____

 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⁽¹⁾: married / legal cohabitant¹ single² widow(er) cohabitant¹ including "actual divorce" and "legal separation" ² 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 ⁽¹⁾: paid out as a lump sum to account No. :

IBAN: _____ BIC: _____ of the participant.

 paid out on an AG Ascento contract ⁽²⁾ converted into an annuity for the benefit of the participant with/without⁽³⁾ transferability of _____ %⁽¹⁾ Please tick applicable box(es)⁽²⁾ 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 or contact our end-of-career AG Ascento service on +32 (0)2 664 82 07. ⁽³⁾ Delete where applicable

■ Eligibility for early settlement [tick the appropriate box]

 The participant has reached statutory requirement age. The participant fulfils the requirements for early statutory retirement. The participant fulfils the age requirements for the transitional measures, insofar as the pension plan regulations in effect prior to 1 January 2016 allow participants to claim their benefits at that time. The participant was laid off after the age of 55 under the terms of an unemployment scheme with company supplement which was part of a corporate restructuring plan duly filed with the Ministry of Employment [regional and federal authorities] prior to 1 October 2015, insofar as the pension plan regulations in effect prior to 1 January 2016 allow participants to claim their benefits at that time.

■ 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 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].
- If the participant is entitled to draw on his/her supplementary pension benefits in accordance with the requirements for early statutory retirement: documentary evidence issued by the Belgian National Office of Pensions proving that the requirements have been met.
- If the participant is entitled to draw on his/her supplementary pension benefits after being laid off under the terms of an unemployment scheme with company supplement: copy of the C4 certificate of unemployment plus the appendix outlining the corporate restructuring plan.

Very important: the employer certifies the data relating to the family situation, the full address, bank details of the participant and the activity up to the statutory retirement age to be accurate.

For agreement in _____, 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

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: