

# Attestation of professional activity up to statutory retirement age

I the undersigned, .....  
 residing at ..... in .....  
 in my role as a participant in plan number(s): .....  
 acknowledge that I have read the criteria "Remaining in active paid employment until statutory retirement age" for tax purposes and hereby  
 declare that I **have continuously remained in active paid employment in the three years immediately prior to statutory retirement age**<sup>1</sup>.

as an employee of the company (name and address): .....  
 from ..... / ..... / ..... to ..... / ..... / .....  
 Name of company representative ..... Signature:

as a self-employed worker paying social security contributions to the social insurance fund (name and address): .....  
 from ..... / ..... / ..... to ..... / ..... / .....  
 Name of company representative ..... Signature:

as the beneficiary of unemployment benefits with no company supplement paid by the office of unemployment insurance payments  
 (name and address): .....  
 from ..... / ..... / ..... to ..... / ..... / .....  
 Name of company representative ..... Signature:

as the beneficiary of unemployment benefits with company supplement on the condition that I remain available as per the applicable  
 unemployment regulations (this scheme came into effect on or after 1 January 2015) and have not been exempted by the office of  
 unemployment insurance payments (name and address): .....  
 from ..... / ..... / ..... (start date on 1 January 2015 or later) to ..... / ..... / .....  
 Name of company representative ..... Signature:

as the beneficiary of a severance package provided by my former employer (name and address): .....  
 from ..... / ..... / ..... to ..... / ..... / .....  
 Name of company representative ..... Signature:

as the beneficiary of disability benefits payable by the Belgian National Institute for Illness-Disability (INAMI/RIZIV) or Workers' Compensation  
 insurance (name and address): .....  
 from ..... / ..... / ..... to ..... / ..... / .....  
 Name of company representative ..... Signature:

Drawn up in ....., on ..... / ..... / .....

Participant's signature:

<sup>1</sup> Tick the box that corresponds to your situation and fill in the blanks. In the document "Interpretation of the concept 'active paid employment'" issued by the Federal Public Service Finance, you can check whether you fulfil the criteria "remaining in active paid employment until statutory retirement age" for tax purposes.