



Request for modification of Personal Choices

Group insurance - e-volulife

Last name: First name:

Your contract number:

Please indicate only the risk coverages that you effectively wish to modify by ticking the box provided.

Please make your choices between the hereafter proposed coverages in accordance with the plan rules:

- 1) Only risk coverages provided for in the plan rules will be taken into account.
- 2) We will not take into account your choice for a coverage if the plan rules do not provide this possibility.
- 3) The "default" choice as defined in the plan rules will be applied if you make no or an invalid choice.

Savings¹

Modifying the distribution of accrued savings

I hereby declare that I wish to modify the distribution of my accrued savings in accordance with the plan rules²:

Rainbow White%
Rainbow Violet%
Rainbow Blue%
Rainbow Indigo%
Rainbow Green%
Rainbow Orange%
Rainbow Red%
	<hr/>
	100%

Modifying the distribution of future investments

I hereby declare that I wish to modify the distribution of my future investments in accordance with the plan rules²:

Rainbow White%
Rainbow Violet%
Rainbow Blue%
Rainbow Indigo%
Rainbow Green%
Rainbow Orange%
Rainbow Red%
	<hr/>
	100%

¹ Where an incomplete choice is made, the accrued savings will automatically be invested in the "default" investment fund. During the last five years before regular retirement date it is no longer permitted to transfer all or part of the accrued savings to the Rainbow White fund and to increase the percentage invested in that fund.

A liquidity indemnity will be charged for every transfer out of the Rainbow White fund.

² Please select only the funds permitted by your plan rules.

Risk coverages

Modification of the minimum lump sum death benefit³

I hereby declare that I wish to modify my minimum lump sum death benefit in accordance with the plan rules:

I opt for the standard formula.

The standard formula is described in the plan rules.

I determine myself the level of the risk coverage⁴.

The selected lump sum death benefit is equal to:

the annual salary multiplied by: 0 1 2 3 4 5

increased, per child, by the annual salary multiplied by: 0 0,5 1

Modification of the supplementary lump sum accidental death benefit⁵

I hereby declare that I wish to modify my lump sum accidental death benefit in accordance with the plan rules:

I opt for the standard formula.

The standard formula is described in the plan rules.

I determine myself the level of the risk coverage⁴.

The selected lump sum accidental death benefit is equal to:

the annual salary multiplied by: 0 1 2 3 4 5

increased, per child, by the annual salary multiplied by: 0 0,5 1

Modification of the disability annuity³

I hereby declare that I wish to modify my disability annuity in accordance with the plan rules:

I opt for the standard formula.

The standard formula is described in the plan rules.

I determine myself the level of the risk coverage⁴.

The selected disability annuity is calculated based on the formula::

either 0% S1 + 60% S2 [and 60% S3 in the event of occupational accident]

10% S1 + 70% S2 [and 70% S3 in the event of occupational accident]

15% S1 + 75% S2 [and 75% S3 in the event of occupational accident]

20% S1 + 80% S2 [and 80% S3 in the event of occupational accident]

where S1 = 12 times monthly salary limited to the statutory ceiling illness and disability insurance

S2 = part of the annual salary exceeding S1

S3 = part of the annual salary exceeding the statutory ceiling illness and disability insurance

either 70% S - IDI [and 70% S3 in the event of occupational accident]

75% S - IDI [and 75% S3 in the event of occupational accident]

80% S - IDI [and 80% S3 in the event of occupational accident]

where S = the annual salary

S3 = part of the annual salary exceeding the statutory ceiling occupational accident

IDI = statutory illness and disability insurance

The annuity is indexed by 0% 2% 3%

³ Please tick appropriate box(es).

Where the lump sum death benefit / disability annuity is increased, the medical acceptance procedure is again set in motion.

⁴ Please select only a formula that is permitted in your plan rules.

⁵ Please tick appropriate box(es).

The personnel member hereby expressly and irrevocably authorises the employer, who accepts, to communicate to the insurer the personal choices mentioned in this form on his behalf and for his account. Such communication can be done in any way, including electronic mail.

Location: date / /

For the participant,

As a data controller, AG processes your personal data for the purposes mentioned in the general terms and conditions (the pension plan rules for sectoral supplementary pension), and in particular with a view to managing the supplementary benefits taken out by your employer or sector on your behalf (supplementary pension and/or occupational health insurance) and entrusted to AG for management purposes. More information about the processing of your personal data can be found in the general terms and conditions (the pension plan rules for sectoral supplementary pension) and in our Privacy Notice on www.aginsurance.be.

