



## Group insurance

### Notification of death

Group/sub-group No.: ..... Contract No.: .....

Employer name: .....

#### 1. Identity

##### Details for participant

Last name: ..... First name: ..... Gender:  M  F

Nationality: ..... Language: .....

Place of birth: ..... Date of birth: ..... / ..... / .....

Street: ..... No.: ..... Box: .....

Postal code: ..... City: .....

Presumed cause of death(\*):  death by natural causes (incl. illness)  accidental death  
 other, specify: .....

Place of death: ..... Date of death: ..... / ..... / .....

Family situation at time of death(\*):

married<sup>1</sup>  widow(er)  legally cohabiting<sup>1</sup>  cohabiting  single<sup>2</sup>

(\*): Tick the appropriate box

<sup>1</sup> including "separated" and "legally separated"

<sup>2</sup> including "divorced"

##### Details for the spouse, registered domestic partner or other rightful heir

Last name: ..... First name: ..... Gender:  M  F

Nationality: ..... Language: .....

Place of birth: ..... Date of birth: ..... / ..... / .....

Street: ..... No.: ..... Box: .....

Postal code: ..... City: .....

Identity card: see instructions on page 3.

#### 2. Form of settlement of the contracts

The benefits insured by the contract should be(\*):

Paid out as a lump sum to account no. .... of .....

Employer's part  Participant's part  Supplementary Individual Contract

converted into a lifetime annuity for the benefit of the spouse, registered domestic partner or other rightful heir

Employer's part  Participant's part  Supplementary Individual Contract

(\*): Please tick the applicable boxes

For more information about the protection of your personal data, see the attached document.

### 3. In case of advance payment on the group insurance contract and/or mortgage credit \_\_\_\_\_

In order to become eligible for taxation as fictitious annuity, in case of an advance and/or mortgage credit, the notice below must be filled out and signed by the beneficiary(ies). Failing such notice and in order to speed up the settlement procedure, AG will consider the requirements for taxation as a fictitious annuity unfulfilled.

In case of advance or mortgage credit, does the purpose consist in building, purchasing, converting, improving or reinstating the participant's single dwelling located in the European Economic Area which is only used for his own private or his family's purposes?

Mortgage credit:  Yes  No

Advance payment:  Yes  No

### 4. 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 the seat of my estate is located abroad at the time of settlement of my contracts.

Identification of the country concerned: .....

### 5. If the plan participant was actively employed \_\_\_\_\_

*In this case, you are eligible for a lower tax rate on all or a portion of the insurance proceeds that you are entitled to collect.*

Was the plan participant actively employed up until statutory retirement age or until he or she fulfilled the requirements for a full career [requirements set by the tax authorities entitling you to more favourable tax treatment]?  Yes  No

The employer confirms that the information attesting to the plan participant's active employment up until statutory retirement age or fulfilment of the requirements for a full career is true and accurate.

I declare that I have taken note of the information on the last page of this form.

Done at ..... on ..... / ..... / .....

Signature of the spouse, registered domestic partner or other rightful heir

Employer's signature and stamp

Dear Sir/Madam,

In order to minimise the formalities for cashing out of the contract(s) and accelerate payment of the proceeds, we need you to send us certain documents:

- Please **complete, sign and return the attached declaration of death** to AG. Keep a copy of this document for your records.
- On the same occasion, please also **send in the following documents**:
  1. **An extract of the participant's death certificate**, mentioning the place and date of death.
  2. **A deed of inheritance** drawn up by a civil-law notary or **a certificate of inheritance** issued by an office empowered to provide legal certainty, unless the beneficiary(ies) have been specifically designated by name
  3. **A copy** (both sides) of the **beneficiary's/beneficiaries identity card(s)** (mandatory).
  4. **Protected individuals**

Please provide us with the following information:

    - If one of **the beneficiaries** has been rated as **incompetent**:
      - evidence of a blocked account set up in the name of the beneficiary rated as legally incompetent, until the end of the incompetency
      - any document that defines the terms of protection for this beneficiary
    - If one or more **minor-age beneficiaries no longer have living parents**:
      - evidence of a blocked account set up in the name of the minor-age beneficiary(ies)'s until the age of majority
      - special permission issued by the Justice of the Peace allowing the guardian to receive the funds
  5. If the plan participant was actively employed up until fulfilling the requirements for a full career: **evidence of a full career**.
  6. In the event of conversion into an annuity: **certificate of existence of the beneficiary(-ies)**.

Thank you for your cooperation.

Yours sincerely,

AG Employee Benefits

## What should you do with this form?

Send in the completed form by ordinary mail or by e-mail:

- By ordinary mail:
  - AG
  - 53 boulevard E. Jacqmain
  - 1000 Brussels
- By e-mail to [payout@aginsurance.be](mailto:payout@aginsurance.be).

## Questions?

If you have any questions, you are welcome to contact us by e-mail at [payout@aginsurance.be](mailto:payout@aginsurance.be).

## Information on the protection of privacy

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AG and the employer/company attach exceptional importance to protecting personal data and process the data carefully in accordance with the provisions of the applicable privacy legislation, the Privacy Statement of AG [available on [www.aginsurance.be](http://www.aginsurance.be)] and/or the privacy policy of the employer/company.

### Purposes of processing

The employer/company has awarded its staff members a supplementary pension. For the conclusion and/or performance of this group insurance contract, the employer/company has transferred personal data to AG. The employer/company and AG are both controllers.

AG and/or the employer/company may process the obtained personal data for the following purposes:

- managing the group insurance on the basis of a legal obligation;
- complying with statutory and regulatory obligations, such as tax obligations and prevention of money-laundering, on the basis of a statutory or regulatory stipulation;
- managing the database of persons for performance of the group insurance contract;
- establishing statistics, detecting and preventing misuse and fraud, compiling evidence and securing goods, persons, IT networks and systems of AG, optimising the processes [such as risk evaluation and risk acceptance], based on the legitimate interests of AG;
- providing advice on such matters as pension accrual and about options at retirement based on the legitimate interests of AG, unless the data subject has objected.

For fulfilment of these purposes, AG may also receive personal data from the data subject personally or from third parties.

As and when necessary, these processing purposes can be based on the consent of the data subject.

### Categories of processed personal data and potential recipients

AG may process the following categories of personal data: identification and contact data, financial data, personal characteristics, occupation and employment, family composition, judicial data.

If such is necessary for the above purposes, and in accordance with privacy legislation, these personal data may be communicated by AG to other involved insurance companies, their representatives in Belgium, contact points in other countries, reinsurance companies involved, an expert, a lawyer, a technical adviser, an insurance broker or a processor. Moreover, the data may be communicated to any person or authority pursuant to a legal obligation or an administrative or court decision, or if a legitimate interest exists.

It is possible that AG transfers personal data outside the European Economic Area [EEA] to a country that might not be able to guarantee an appropriate level of personal data protection. In such cases, AG will protect the data by increasing the IT security and by contractually requiring an intensified level of security from its international counterparts.

### Rights of data subjects

Within the confines of the law:

- the data subject has the right to access his/her data, and if necessary, to require rectification or to transmit his/her data to a third party;
- the data subject has the right to object to the processing of his/her data, the right to restrict the processing of his/her data and the right to have his/her data erased. In these cases, it is possible that AG will be unable to perform the contractual relationship.

To exercise the above rights the data subject may send a dated and signed request to the Data Protection Officer [DPO] of AG, accompanied by an identification document or other means of identification, or may approach his/her employer/company through the usual internal channels.

The Data Protection Officer of AG is reachable at the following addresses:

By post: AG – Data Protection Officer  
Emile Jacqmainlaan/Boulevard Emile Jacqmain 53, 1000 Brussels

Or by email: [AG\\_DPO@aginsurance.be](mailto:AG_DPO@aginsurance.be)

Complaints may be submitted to the Data Protection Authority.

More information about how AG protects personal data and about how data subjects can exercise their rights can be found in the AG Privacy Statement at [www.aginsurance.be](http://www.aginsurance.be).

