



How to complete the document

“Designation / Change of beneficiary(ies) in the event of death

IMPORTANT:

The order of beneficiaries is set in your group insurance regulations.

You do not have to complete this document unless you wish to change the standard order set out in your group insurance regulations, i.e. [subject to exceptions]:

1. the spouse or the legal cohabitant;
2. failing such, the affiliate’s children, in equal parts;
3. failing such, any person designated in a document signed by the affiliate;
4. failing such, the affiliate’s father and mother;
5. failing such, the affiliate’s brothers and sisters;
6. failing such, the estate, with exclusion of the State;
7. failing such, the financing fund.

Please note that no inheritance tax is due if the beneficiary(ies) is[are] the spouse and/or the children under 21. However, if the beneficiaries are other people, inheritance tax is due.

Please carefully read this document before completing the form. To avoid interpretation issues, please do not make any corrections or changes, on pain of nullity.

1. Who fills in the document?

Only the affiliate is entitled to complete, sign and date this document.

2. What data must be filled in?

- Insured’s surname and first name
- Date of birth
- National registration number
- Address
- Telephone number
- E-mail address
- In the table ‘New order of priority’: the beneficiary(ies), the rank and the percentage

3. Where do I send the document?

Please send the completed and signed document directly, by e-mail to Services@aginsurance.be or by mail – no need to send it to your employer first – to AG Employee Benefits, Boulevard du Jardin Botanique 20, 1000 Brussels.

For the request to be valid, please send us the original document. We do not accept copies or emailed documents.

4. Must I fill in a contract number?

- If no contract number is filled in, the designation will automatically apply to all current and future statutory contracts [employer and personal part] with your [former] employer(s).
- If a contract number is filled in, the designation only applies to the contract concerned [employer and personal part].
- This document does not apply to your individual supplementary contracts and retirement savings [3rd pillar].

5. How to fill in the 'New order of priority' table?

You choose the order of priority by filling in numbers in the 'ranking' column.

Filling in the 'percentage' column is not always required [see example].

If there is no surviving beneficiary in any of the ranks designated in the table, the order of priority set out in the group insurance regulations will apply.

The sum of all percentages of the ranks must always equal 100% [see example].

6. What happens if my family situation changes after I complete this document (civil status, birth, etc.)?

You can:

- change the order of priority and/or the percentage with a new document;
- revert to the standard order set out in the regulations by revoking the contents of this document with a signed letter.

7. Who dates and signs the document?

You, the affiliate.

8. On what conditions is the document accepted?

If the document has duly been completed, dated and signed, AG Employee Benefits will send you an acknowledgment of receipt and the new order of priority will apply.

We advise you to make a copy of the document before sending it to us, as AG Employee Benefits will only send you an acknowledgment of receipt.

Deletions or alterations of words or numbers will not be accepted and will invalidate the document.

If the document is completed incorrectly or illegibly, AG Employee Benefits will ask you to fill in a new document. Meanwhile, the original provisions remain in force.

The form is only valid if the contract has death cover.

9. When will the new order come into force?

The form shall become effective on the date signed, on the condition that it is duly completed, signed and dated and that it is in the possession of AG Employee Benefits.

Example 1

If you would like a beneficiary order other than the one set out in your group insurance regulations, please indicate the person(s) of your choice below:	RANKING ¹	PERCENTAGE
Surname, first name: Johnson, Ruby Date of birth: 02/11/2004 Address: xxx Relationship: child	1	50%
Surname, first name: Johnson, Nicole Date of birth: 18/01/2006 Address: xxx Relationship: child	1	50%

Example 2

If you would like a beneficiary order other than the one set out in your group insurance regulations, please indicate the person(s) of your choice below:	RANKING ¹	PERCENTAGE
Surname, first name: Johnson, Alf Date of birth: 20/07/1971 Address: xxx Relationship: partner	1	[100%]
Surname, first name: Johnson, Ruby Date of birth: 02/11/2004 Address: xxx Relationship: child	2	33,33%
Surname, first name: Johnson, Nicole Date of birth: 18/01/2006 Address: xxx Relationship: child	2	33,33%
Surname, first name: Johnson, Michelle Date of birth: 03/10/2008 Address: xxx Relationship: child	2	33,33%
Surname, first name: Date of birth: Address: Relationship: %

