



## Selection form for death benefit coverage

equal to the accrued reserves, in accordance with Article 33/1, §1, subpara. 2 of the Law on Complementary Pensions

Please tick the desired option::

I maintain the present status of my contract and do not return this form.

I leave my present supplementary pension amount in the current AG group insurance plan.

Since I am not modifying the current situation status, I do not have to return this option form. With this choice there is no death benefit.

I wish to change the status of my contract to include death benefit coverage and will be returning this form.

I wish to keep my supplementary pension savings invested in the current AG pension plan, but I opt for a death benefit coverage which will pay out the accrued reserves to my beneficiary[ies] when I pass away.

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

For agreement,  
Affiliate's signature,

Given name: ..... Family name: .....

Your reference\*: ..... Date of birth: ..... / ..... / .....

Address: .....

Phone number: ..... e-mail: .....

\* As stated in the letter notifying you of the termination of your affiliation to the group insurance.

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](http://www.aginsurance.be).

Please return the document to [only if you have opted for death benefit coverage equal to the accrued reserves]:

AG Employee Benefits  
Services EB  
E. Jacquainlaan 53, 1000 BRUSSELS

Or by email via the email address mentioned on the letter notifying you of the termination of your affiliation to the group insurance.





## Explanatory document

This document is intended to clarify the different possibilities.

Please keep it together with your pension statement. You do not have to return it.

### **I wish to keep my supplementary pension savings invested in the current AG pension plan as is.**

No additional contributions will be paid by my former employer or by me. My supplementary pensions savings (the vested reserves) will remain invested with AG, my former employer's insurance company.

I will be entitled to collect my supplementary pension savings, less any statutory deductions, once I reach state retirement age or at an earlier date, insofar as the pension plan regulations and applicable legislation allow this option.

I am not longer insured by AG in the case of death. Should I die, AG will not pay out any amount to anyone.

### **I wish to keep my supplementary savings invested in the current AG pension plan, but I opt for death benefit coverage which will pay out the accrued reserves to my beneficiary[ies] when I pass away.**

No additional contributions will be paid by my former employer or by me. My supplementary pension savings (the vested reserves) will remain invested with AG, my former employer's insurance company. In this case, the vested benefits will be recalculated depending on the vested reserve amount to reflect the desired death coverage level.

I will be entitled to collect my supplementary pension savings, less any statutory deductions, once I reach state retirement age or at an earlier date, insofar as the pension plan regulations and applicable legislation allow this option.

When I pass away, the vested reserves will be paid to my beneficiary[ies].

