

Personal Information Sheet

Update extra-statutory pension accumulation

In order to comply with the legal and tax requirements in the construction of an extra-statutory pension through the professional activity, we kindly ask you to submit this information sheet to us back.



PERSONAL DATA

Manager (person insured)

Company (insurance holder)

Last Name	Name
First Name	Legal Form
Street, N°	Street, N°
PC + City	PC + City
Date of Birth	Company Number
Mobile / Tel N°	Financial year end date <i>31/03 - 30/06 - 30/09 - 31/12</i>
E-mail	Number of employees
Start Date Professional Career	In service of the company since:

Family Situation

Civil Status <i>Single/ practically living together/legally cohabiting/married</i>	Type of marriage contract	<input type="checkbox"/> statutory system <input type="checkbox"/> separation of goods
Name partner	Social Status Partner	
Date of Birth Partner	Number of dependent children	

Overige (Belangrijk voor invaliditeits- en overlijdensdekkingen)

Social Status <i>Independent/free profession</i>			
Description of professional activities			
Smoking habits	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker	Higher diploma	<input type="checkbox"/> yes <input type="checkbox"/> no
Your length (in cm)		Your weight (in kg)	

My accountant

I hereby give permission to contact my accountant to ask for any additional information

Office name:	
Naam of the case manager:	
Tel number:	
Email:	

Composition of your remuneration

Reference Remuneration (a) + (b) + (c) + (d) + (e) =

Gross **annual remuneration** granted on a **regular** basis **(a)**
(net remuneration + withholding tax paid by the company)

Taxable benefits of all kinds granted on a regular basis **(b)**
(barring an advantage in kind because of social contributions or VAPZ, see below)

Reclassified rent (c)
(when letting a property to its own company)

Quarterly **social contributions** on an annual basis **(d)**
if paid by the company

Free Supplementary Pension for the Self-Employed -contributions **(e)**
if paid by the company (only with monthly or quarterly premium)

Amount of your **net taxable income of year n-3** (not revalued)
or if you are less than 3y self-employed:
the **professional income** on which **social security contributions** are calculated

Are you self-employed in main occupation?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you as an independent active in another than the above-mentioned company?	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>- If yes, do you have a salary in this company?</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>-If yes, how much?</i> EUR
Your Social Insurance Fund (ex. Acerta/Liantis/Partena/Securex/Xerius/other):	

REMARKS

Date and Signature,