

Occupational pension scheme (OPS) - Departure form of a member

To be completed by the former Employer

Name of the company:

Name of the leaving member: Social Security N°:

Last official day of employment: (including notice period)

Reason for departure: retirement termination of employment contract
 early retirement transfer to another company of the same group:

disability

Total amount of personal contributions made during leaving year:

Private address: Number, Street

Postal code, City

Country

Mobile number:

E-Mail:

.....

Date Signature of the former Employer

Hereby the former Employer agrees to the choice made by the leaving member among the options under here.

To be completed by the leaving member (except in case of disability)

Please note that your file will not be reviewed, if all the required documents have not been submitted

Please note that we are not able to provide accurate information in respect of your pension plan entitlement at this stage, as your file will need to be examined first. It is possible that you may not have acquired savings, for example because the minimum of years of service for vesting has not been reached. You will find an estimation of your rights on your last annual benefit statement. If you fulfil the conditions for vesting of entitlements, you have the three following options.

- Option 1** Transfer of your acquired savings into the "Régime complémentaire de pension agréé" with La Luxembourgeoise-Vie (this option is not available in case of retirement or early retirement). This is in fact a paid-up retirement saving insurance contract funded by the amount transferred. The proceeds from this contract will normally be paid out when you reach 60 years of age. The proceeds will be paid if you die before age 60, and it may be paid out earlier if you leave your new employer and fulfil one of the conditions of option 3 described below.

Please indicate the beneficiary(ies) in case of death and indicate the relationship between yourself and the beneficiary(ies) and his(their) date of birth:

If more beneficiaries are indicated, the savings will be divided in equal parts, unless otherwise defined.

- Option 2** Transfer your acquired savings into the Luxembourgish occupational pension scheme
- of your new Employer - please note, that for such a transfer, your new Employer has to give his written agreement
- Hereby, the new Employer agrees on the transfer of your acquired savings:

.....

Date Name and signature of the new Employer Manager of the new OPS
Name of the Insurance Company

or for self employed, a contract that you want to set up as self employed.

- Option 3** Payment of your acquired savings on your bank account. This option is only available if you fulfil one of the following conditions stipulated by law:

- (1) either the amount of your acquired savings (you will find an estimation on your last annual benefit statement) is less than 3 times the social minimum salary,
- (2) or, due to your new professional activity, you are no longer affiliated to the Luxembourg health insurance,
- (3) or, you are entitled to a legal retirement pension (or early retirement pension) from the social security.

Please note that if we notice that, at the time of introduction of this file, you do not fulfil one of these 3 options, you will give us the express agreement to transfer the acquired savings to the "Régime complémentaire de pension agréé" (cf. option 1).

Please endorse, respectively complete the following considering the Condition (1), (2) or (3) selected above:

Conditions (1) + (2) + (3): Enclose a bank identity statement ("RIB") of your bank account

Your IBAN account BIC code

Condition (2)

- Certificate of affiliation to the Luxembourg CCSS with indication of a period of 3 years [the order of the certificate on the internet site www.ccss.lu can be done earliest after the last working day with your former Employer (including notice period)].
- Copy of the employment contract with an employer abroad.

Condition (3)

- Proof of retirement.

If you would like to maintain your acquired savings in the occupational pension scheme of your former Employer, please contact the latest.

.....

Date Signature of the leaving member

IMPORTANT: ⇒ Please enclose a copy of the valid ID card (both sides)
 ⇒ Please complete and sign the self certification on the following page

Self-certification regarding the tax residence and KYC

IMPORTANT: Mandatory to be completed by the leaving member. If the form has not entirely been filled in, the process of your request on the first page will be stopped.

Part I - Identification of the leaving member

Name:	First Name:
Date of birth:	Place of birth:
Country of birth:	Nationality(ies):
Address:	Number, Street
	Postal code, City
	Country
Mobile number:	
E-mail:	
Politically exposed Person:	<input type="checkbox"/> indicate the name <input type="checkbox"/> indicate the function <input type="checkbox"/> indicate the country
<input type="checkbox"/> yes, myself	
<input type="checkbox"/> yes, one of my family members or of the people around me	
<input type="checkbox"/> no (neither myself, nor one of my family members, nor one of the people around me)	

Part II - Tax residence

For information on tax residence and tax identification number please see:
<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>
<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

I am a Luxembourgish tax resident and do not have any other tax residence.
 If your address indicated above is an address outside the Grand-Duchy of Luxembourg and you indicate that your tax residence is nevertheless in the Grand-Duchy of Luxembourg, what is unlikely, then you certify that the affirmation you selected, results from a tax expert's conclusion who analysed your situation.

I am a tax resident of another country than from Luxembourg

<u>Country/countries of tax residence</u>	<u>Tax identification number(s) (TIN)</u>
.....
.....
.....

Part III - Declaration and signature

The responsible party for processing personal data is LA LUXEMBOURGEOISE -VIE, located at 9, rue Jean Fischbach, L-3372 Leudelange. The Data Protection Officer can be contacted at: dpo@lalux.lu.

According to the regulation on the protection of individuals with regard to processing of personal data, the responsible party collects and processes personal data that the policyholder has communicated to him as well as those that he subsequently communicates to him for the following purposes:

- Assessing risks, preparing, drawing up, managing and executing insurance contracts. The processing is necessary for the execution of a contract to which the concerned person is a party. Personal data are therefore communicated to the employees, to the control authority, LALUX network agents, the LALUX network banking partner and insurance brokers.
- Collecting the required data and transmitting it, if necessary, to the Administration des Contributions Directes (Luxembourg tax authority) for the purpose, if necessary, of communicating it to the competent foreign authority of the concerned person's tax domicile(s), in accordance with the amended law of 18 December 2015 regarding the automatic exchange of information relating to financial accounts in tax matters. Such processing is necessary in order to comply with a legal obligation to which the responsible party is subject.

The concerned person has the right to request from the responsible party access to, rectification of personal data.

It is compulsory for the concerned person to provide an answer to the questions relating his tax status; if he fails to do so, the payment of benefits will be suspended.

The retention period of the data shall be limited to the duration of the data processing and to the subsequent period during which the retention of the data is necessary to enable the responsible party to comply with his obligations in the light of limitation periods or in application of other legal provisions.

The responsible party acts in accordance with the terms and conditions set out in Article 300 of the amended Insurance Industry Act of 07 December 2015 concerning insurance professional secrecy.

I certify that the information provided is true, complete and accurate. In the event of successive benefits, I undertake to notify you of any change in tax residence within 30 days.

.....
Date
Signature of the leaving member