



Confirmation of Bank Account Holder Details

DECLARATION TO BE FILLED IN BY FINANCIAL INSTITUTION

Attention: Ask your financial institution to fill in this bank declaration and to e-mail it back to: payout@aginsurance.be.
TIP: You need to get this document filled in only if you request payment of your supplementary pension by e-mail or post. **If you request payment using MyAG Employee Benefits, you should not ask for this document to be filled in.**

AG reference:

With this form, I hereby confirm that

Name: First Name:

Born on: / /

is the account holder of the following bank account which has been opened with our financial institution:

IBAN: BIC:

Name of financial institution:

Complete address of the financial institution:
.....
.....

This attestation was made by [surname and first name of the undersigned]:
.....

Position:

Signed in on / /

Signature and stamp:

The personal data contained in this document will be communicated to AG by the financial institution in accordance with the applicable privacy regulations and the financial institution's privacy notice. This data will be processed by AG solely for the purpose of preventing and detecting fraud and abuse in the context of the settlement of the above-mentioned contract, and this based on the legitimate interest of AG and the data subject. For more information on how AG collects and processes personal data, see the company's Privacy Notice on www.aginsurance.be.

