

# 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)

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,**