

1. POLICYHOLDER, INSURED PERSON AND BENEFICIARY IN THE EVENT OF LIFE

Surname : Name : Nationality :
 National identification register No. :
 Status : SELF-EMPLOYED COLLABORATING SPOUSE SELF-EMPLOYED COLLABORATOR
 Occupation :
 Date of birth : / / Civil status : MARRIED LEGAL COHABITANT SINGLE
 Tel./Mobile : E-mail : Fax :
 Identity card No. : Renewal date : / /

Full address

Street : No. : Box :
 Postcode : Locality : Country :

2. PLC SECURE FEATURES

TYPE OF AGREEMENT : ORDINARY SUPPLEMENTAL OPT-IN PENSION FOR THE SELF-EMPLOYED
 SOCIAL SUPPLEMENTAL OPT-IN PENSION FOR THE SELF-EMPLOYED

(a part of the payments shall be allocated to the solidarity fund managed by the self-employed and companies pension fund (c.P.I.E.))

PAYMENTS : Made at the policyholder's convenience, respecting the maximum authorized by the legislation relating to their income and status.

DATE ON WHICH THE CONTRACT TAKES EFFECT : Upon receipt of the first payment by the pension institution (the insurance company) and at the earliest on the last day of the current calendar quarter.

END : Legal age of retirement (currently 65)

3. BENEFICIARIES IN THE EVENT OF DEATH (FAILING SUCH, THE LEGAL HEIRS OF THE INSURED PERSON IN EQUAL PARTS)

	1st rank	2nd rank	3rd rank
THE INSURED'S SPOUSE - THE INSURED'S LEGAL COHABITANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THE INSURED'S CHILDREN AND UNBORN CHILDREN, IN EQUAL PARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THE INSURED'S FATHER AND MOTHER, IN EQUAL PARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS (RELATIONSHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. PAYMENT METHOD

The payments must be made to Social security for the self-employed Partena Compass, by bank transfer.

5. DECLARATION OF THE POLICYHOLDER

has the policyholder ended or does the policyholder intend to end payments of the premiums of another life insurance policy?

YES NO If so, name of the company: When? / /

- The policyholder certifies that the above statements are true and complete in every detail, even if they are not written in his own hand.
- He declares having acknowledged the serious consequences - nullity of the contract, and therefore refusal to pay the insurance guarantees - that may result from any omission or intentional inaccuracy.
- This subscription form shall not cause the coverage to begin. It does not bind the company or the policyholder to enter into the contract. However, if the company has not communicated an offer, a request for additional information or a refusal to the policyholder with 30 days of receiving this document, it shall be obliged to enter into the contract or pay damages.
- The data communicated may be processed by AXA Belgium and by the self-employed and companies pension fund (C.P.I.E.) for purposes of customer service, acceptance of risks, management of contracts and claims and the payment of benefits. They may be processed by Viaxis SCRL in order to obtain an overview of the customer profile and the insurance mediation services.

In order to provide the most appropriate services, the data may be communicated to companies in the AXA group or to companies related to the latter. The persons in question give their consent for the processing of the data relating to their health when it is required for the acceptance, management and execution of the contract by the managers involved as part of this contract. The processing is provided for by the Act of 8 December 1992 on the protection of privacy. All of the information will be processed with the utmost discretion. The persons in question may access the data, have it corrected and oppose free of charge their processing for direct marketing purposes through a signed and dated request to which has been attached a photocopy of both sides of the identity card, sent to the company's customer service department.

This box must be ticked if the persons in question do not wish to be informed of the company's direct marketing actions.

Further information can be obtained from the customer service department of each company involved.

The policyholder authorises, until further notice, the social security for the self-employed PARTENA to communicate the amount of their reference income to Viaxis, upon request.

Done in, on / /

Signature of the policyholder,

Document to be attached : a photocopy of the policyholder's identity card. If it is an electronic identity card, in addition of the copy of the card, there must be included a document which certifies his address, through any conclusive identification document issued by a Belgian public authority: photocopy of the passport, of the upper portion of the tax liability statement, of the entry in the population register, or the mutual insurance fund sticker, etc.

Pension institution: AXA Belgium, S.A., a public limited liability insurance company approved under No. 0039 to practice the branches of life and non-life insurance (Royal Decree 04-07-1979, Belgian Official Gazette 14-07-01979). Registered office: boulevard du Souverain 25 - B - 1170 Brussels (Belgium) • Internet: www.axa.be • Tel.: (02) 678 61 11 • Fax: (02) 678 93 40 • Business Registration Office No.: VAT BE 0404 483 367 Brussels Legal Entities Register

Solidarity fund manager: C.P.I.E / VK.Z.O, a limited liability co-operative company with a social purpose (SCRL à finalité sociale). Registered office: Avenue Adolphe Lacombé 29 - B - 1030 Brussels • Brussels Legal Entities Register 0422 895 254. Postal address: c/o VIAXIS • Avenue Herman Debroux 40-42 1160 Brussels • Tel.: 02 629 78 00 • Fax: 02 629 78 30

Warning: this is a translation and not an official document.

The documents will only be considered official when signed and returned to Partena Compass in one of the 3 national languages (Dutch, French or German).