

ALTERFIN SC WITHDRAWAL FORM

Please return this document, duly completed and signed, to
info@alterfin.be or to the following address: Avenue des Arts 7-8, 1210 Brussels

I wish to recover my investment in Alterfin SC as follows:

- Capital account € (..... shares)
- Individual account €
- **Total amount** €
- **Repayment date**/...../.....

The funds will be paid into your account within a maximum of 10 working days after the requested date.

My personal details:

First and last name:

Cooperative member number: National registration number:

Street and number:

Postal code and city:

Bank account number: BIC:

In the name of:

My reason for leaving:

- Purchase of real estate
- Other investment with a higher return
- Age or health reasons
- Other:

Done at *(place)* on *(date)*

For agreement, signature:

For information:

- Cooperative members may request partial or total withdrawal during **the first half of each year**.
- If the April general assembly decides to grant a **dividend**, you will receive a **communication about this** in June.

Survey - reasons for withdrawal:

Your feedback will help us **improve our services and communication.**

