

## ALTERFIN SC WITHDRAWAL FORM

Please return this document, duly completed and signed, to  
[info@alterfin.be](mailto: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**.

