ALTERFIN SC WITHDRAWAL FORM

Please return this document, **duly completed and signed**, to info@alterfin.be or to Avenue des Arts 7-8, 1210 Brussels, together with a **copy of your identity card**[1] (front and back).

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 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**.

[1] As a financial institution, Alterfin is required under Belgian anti-money laundering legislation to verify the identity of its cooperative members and keep it up to date.