

The independent pension platform

Asset Management Mandate for Intermediaries

Vested benefit account

Account/deposit number

**The account/
deposit holder
(hereafter,
the Principal)**

Name

First name

Street, N°

Postal code, place

Country

hereby instructs and empowers the Intermediary

(hereafter, the Agent)

to invest and manage the vested termination benefits held on the above-mentioned accounts with Liberty Foundation for Vested Pension Benefits (the "Foundation") in compliance with BVV2/OPP2 requirements.

Investment Strategy

- in accordance with the attached account opening forms
 in accordance with the attached Change in Investment Strategy form
 to be defined later

Declaration

By signing this document, I hereby confirm that I have granted the Agent an investment strategy and asset management mandate. I further confirm that I have read and accept the Foundation Regulations and General Terms and Conditions.

Fees

One-time acceptance fee covering initial guidance and advice and the initiation of the business relationship: %

Foundation's recurrent annual lump-sum fee:
charged in accordance with Fee Schedule %

Agent's recurrent annual lump-sum fee: %

The Principal hereby authorises the Foundation to debit the above-mentioned asset management, administration and lump-sum fees to his account for the Agent and the Foundation.

Retrocessions

Unless otherwise agreed in writing, any retrocessions paid to the Foundation in addition to its regulatory fees will be disclosed to the Principal and credited to his account.

Signature

Place, date

Principal's signature

Place, date

Agent's signature