



AG2R LA MONDIALE

La Mondiale Europartner
Adr. Post.: BP 2122 - L-1021 Luxembourg
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Tel.: +(352) 45 85 87 82
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Contract RG503700199900



ITER INTERNATIONAL
Cadarache
Bat 519
F-13108 Saint Paul Lez Durance cedex

INDIVIDUAL AFFILIATION FORM

SECTION 1 – AFFILIATE / INSURED PERSON

Mr Mrs Miss Dr ITER Employee N°: _____
Last name: _____ First name: _____
Maiden Name: _____ Family status: _____
Date of Birth: _____ Place of Birth: _____
E-mail: _____

SECTION 2 – AFFILIATE'S PERMANENT ADDRESS

Address: _____
Post Code: _____ Town: _____ Country: _____

SECTION 3 - BENEFICIARY(IES) IN THE EVENT OF DEATH OF AFFILIATE / INSURED PERSON

ONLY ONE BOX SHOULD BE TICKED IN TOTAL IN THIS SECTION

I name as beneficiaries in the event of my death:

Clause 1: My spouse not legally separated, otherwise my children, living or to be born or their legal representatives in equal parts, otherwise my parents or surviving parents in equal parts; otherwise my legal heirs and assignees.

(NB: if this box is ticked, please proceed to Section 4)

Clause 2: Others (indicate surname, forenames and date of birth for each beneficiary, together with the percentage allocation of the accumulated capital,

Surname	Forename(s)	Date of Birth	Relationship to the affiliate	% of the proceeds

otherwise my legal heirs and assignees.

SECTION 4 - FINANCIAL MANAGEMENT OPTIONS

PLEASE TICK ONE OPTION ONLY

If no clear option is chosen, your contributions will be invested in ITER GUARANTEED YIELD EURO

OPTION 1	<input type="checkbox"/> ITER GUARANTEED YIELD EURO	<input type="checkbox"/> ITER GUARANTEED YIELD US DOLLAR
OPTION 2	<input type="checkbox"/> ITER MODERATE EURO	<input type="checkbox"/> ITER MODERATE US DOLLAR
OPTION 3	<input type="checkbox"/> ITER MIDDLE TERM EURO	<input type="checkbox"/> ITER MIDDLE TERM US DOLLAR
OPTION 4	<input type="checkbox"/> ITER GROWTH EURO	<input type="checkbox"/> ITER GROWTH US DOLLAR

SECTION 5 – COMMUNICATION CURRENCY

Currency in which the savings are denominated and reported to the affiliate:

Euro US Dollar

SECTION 6 - UNITED STATES TAX DECLARATION

PLEASE ONLY PICK ONE OF THE FOLLOWING 2 STATEMENTS

I confirm that I **AM NOT** subject to the requirements of the United States Internal Revenue Services to file a US tax return.

I confirm that I **AM** subject to the requirements of the United States Internal Revenue Service to file a US tax return.



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SECTION 7 - AFFILIATE / INSURED PERSON DECLARATION

Full name of affiliate: _____

Signature of affiliate preceded by "Read and approved": _____

Date of signature: _____

Town in which document signed: _____

SECTION 8 – COMPANY DETAILS

Date: _____

Company or branch stamp and signature: