

Keyprivate Withdrawal

Please complete this document in capital letters and return it signed with a copy of the identity card (front and back of one of the people who signed the contract) by post to Keytrade Bank, KEYPRIVATE department, Vorstlaan 100 Boulevard du Souverain - 1170 Brussels. Or by email with a scan or picture of the documents at keyprivate@keytradebank.com. Your request will be processed quickly only if it is complete.

 Holder(s) of the Keyprivate account(s) 	1. I	Hole	der	S) of	t	he	K	ey	/pri	vat	te	a	CC	O	ur	١t	(s):
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1. Holder(s) of the Keyprivate account(s)	:						
Name:	Name:						
Surname:	Surname:						
Logon:	Logon:						
2. Keyprivate account number(s):							
Please indicate below the amount to withdraw and the ac	count number(s) on which to withdraw the amount:						
O euros on the account O							
O euros on the account O							
O euros on the account O	O euros on the account O						
3. Reason for withdrawal							
O Account merger	O Purchase of real estate						
O Market development/downturn	O Other (please specify):						
4. Important information:							
Upon receipt of your request, we will start to make a with Please bear in mind the following:	drawal.						
 Keytrade Bank will sell a part of the securities, and the results of the sale will be credited on your current 							
account; • For a partial withdrawal, a minimum amount of 15.000 euros must be kept in the portfolio.							
The minimum amount of withdrawal is 2.500 euros.							
5. Signature(s) of the holder(s) of the Ke	yprivate accounts:						
City:	Date:						
Signature of the first holder	Signature of the second holder						
Signature as shown on the identity card	Signature as shown on the identity card						
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