

CHANGE REPORT FORM FOR FUND MEMBERS

PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM

FUND MEMBER'S IDENTIFICATION DATA

You are required to specify at least two items of identification data to be identified properly in order to modify the changes in your contract.

Voluntary Pension Fund Contract ID: Tax ID: Date of Birth:

REPORTED CHANGES

Name:

Tax ID: Please attach the copy of the document. In the absence of the document we will not change your data.

Domicile:

Correspondence address (residency) is the same as my domicile: Yes

Correspondence address (residency) is different from my domicile as follows:

Correspondence address (residency):

The Pension Fund will send all non-electronic mail to your correspondence address (residency), so please make sure that you complete the above information. Should the above information change in the future, please report it to the Pension Fund within five days of such a change pursuant to our Statute so that you receive all correspondence without fail.

Telephone number: E-mail address:

Please record the above e-mail address for the purposes of using the online customer service and/or e-mail services. Yes

Type of ID document: ID card Driving Licence card Passport

No. of ID document: No. of Address Card:

Type of other ID document: No. of other ID document:

REPORTING CHANGES IN CONTRIBUTION

Monthly contribution: % of salary, or Ft/month.

Of which the Employer undertakes % of salary, or Ft/month, but at least the minimum contribution pursuant to the Statute of the Pension Fund, i.e. 5,000 Ft/month.

Contribution is paid by: direct debit (authorization required) bank transfer postal cheque

Payment frequency: monthly quarterly

Declaration on indexation

I accept that my monthly contribution be increased by inflation (indexation): Yes

The amount of indexation is the annual consumer price index as published by the Hungarian Central Statistical Office for the preceding year + 2%, which will be rounded off to 100 HUF by the Fund. Your individual contribution will be indexed for the first time one year after the first day of the month following signing this Change Report Form by the member. This preliminary approval may be cancelled any time, and the contribution may be amended in such an amount which is different from the index. For further details see the Statute.

Declaration on previously approved indexation

I do not accept that the contribution be indexed, and I reject it for one year starting from the following indexation period.

I do not accept that the contribution be indexed, and I reject it definitively.

If the declaration on the rejection of indexation is received by the Pension Fund 30 days prior to the date of indexation as indicated preliminarily by the Fund, the contribution will not be indexed (raised) on the anniversary date. If such declaration is received during the indexation period, it will be taken into account for the subsequent indexation period. The contribution may be amended by a rate different from the index any time.

FUND MEMBER'S SIGNATURE

I hereby declare that the statements made in this declaration are complete, true and correct.

Dated:

Fund member's signature

X

