

# CHANGE REPORT FORM FOR FUND MEMBERS

PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM. For printing and electronic authentication, please save the pdf document and open it with Adobe Acrobat Reader.

## 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.

Name:

Voluntary Pension Fund Contract ID:

Date of Birth:

## REPORTED CHANGES

To change the information in bold, please send copies of the documents together with this form; the change request will be valid ONLY by sending copies of the documents! (In the case of address card, a copy of the page containing the personal identification code is not required.)

Name:

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

Domicile:

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

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

Mailing address:

**The Pension Fund will send all non-electronic mail to your mailing address, 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:

Name and ID of foreign residence certificate:

## MEMBERSHIP FEE DATA

The total amount of the membership fee payable individually and by the company shall be equal to the uniform membership fee in accordance with the applicable Statutes.

<b>Individually paid (agreed) monthly membership fee:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HUF <b>or</b> <input type="text"/> % of gross wages	<b>Employer's paid (assumed) membership fee:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HUF <b>or</b> <input type="text"/> % of gross wages <b>Employment agreement membership fee:</b> <input type="checkbox"/>
Method of membership fee payment: <input type="checkbox"/> wire transfer <input type="checkbox"/> direct debit <input type="checkbox"/> postal cheque <input type="checkbox"/> referred to by employer	Employer's name: <input type="text"/> Tax number: <input type="text"/> - <input type="text"/> - <input type="text"/>
Frequency of membership payment: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly	
A I hereby undertake to index (increase) my monthly membership fee to offset inflation: <input type="checkbox"/> The rate of indexation is the annual consumer price index for the year preceding indexation as published by the Hungarian Central Statistical Office plus 2%, to be rounded by the Fund to 100 HUF according to the rules of rounding. The first fee increase shall be due in the 12th month following the date of endorsement. Previous approval can be withdrawn at any time; the membership fee can also be modified at a rate different from the index. See the Statutes for details.	The exact amount of the employer's membership fee shall be recorded by the Fund in its record pursuant to the agreement concluded with the employer. I the undersigned, voluntarily and expressly consent to the disclosure by the Fund to the employer of the information required for the performance of the contract.

### 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

