

IDENTIFICATION FORM AND STATEMENT

On politically exposed person status for natural persons for Alfa Voluntary Pension Fund

To fulfil the requirements of Act LIII of 2017 on the Prevention and Combating of Money Laundering and Terrorist Financing (Act on Money Laundering).

INFORMATION OF THE IDENTIFIED PERSON

Voluntary pension fund contract number:

Family name
and given name:

Family name and
given name at birth: Please specify for men too!

Place of birth: Date of birth:

Mother's name
at birth:

Your citizenship:

Residential address
(if absent, temporary
residence)residence)

If your address card says "Foreign residential address", enter the address of your temporary residence in the Residential address field.

Mailing address:

If you fail to provide a mailing address, the Fund will send the mails to the address provided in the Residential address – or Temporary residence – field.

TYPE AND NUMBER OF IDENTIFICATION DOCUMENTS

In case of a Hungarian citizen, identity documents shall be: personal identification card or card model driving licence or passport AND official address card, provided that your place of permanent or temporary residence is in Hungary.

In the case of a foreign national, identity documents shall be: passport or personal identification card, provided that the document entitles the holder to reside in Hungary, as well as the document certifying the right of residence, or a document that authorizes residence and an official address card for a Hungarian address, provided that your place of permanent or temporary residence is in Hungary. In case of a foreign residential address, please provide the number of the document certifying that foreign residential address.

Personal identification
card No.:

Number of card model
driving licence:

Passport No.:

Number of official
address card:

Miscellaneous
document type:

Miscellaneous
document number:

Number of document
certifying a foreign
residential address:

(e.g.: residence-, settlement permit, registration card)

I acknowledge that in the case of personal identification, the service provider is obliged to make a copy of the above documents containing the data specified on this form in order to verify the identity of the person.

Please also send photocopies of all pages of the above documents together with this form; your identification will be valid ONLY if you send photocopies of the documents! (In case of an official address card, you do not need to make a copy of the side with the personal ID number.)

I acknowledge that in case of any change in personal information provided on the form or in the identity of the actual owner, I shall be obligated to notify the Pension fund within five business days after becoming aware of the change in question in accordance with Paragraph 3 Section 12 of the Act on Money Laundering.

COMPULSORY! (Select one only!)

I hereby declare that, as regards this transaction, I am acting on my own behalf.

I hereby declare that, as regards this transaction, I am acting on behalf of another party – the actual owner.
(In this case a separate statement on the identity of the actual owner is required!)

Please make a statement on your status as a politically exposed person on the back of the form.

STATEMENT ON POLITICALLY EXPOSED PERSON STATUS

1) I hereby declare that I am not a politically exposed person.

2) I hereby declare that I am a politically exposed person¹, and that my status as politically exposed person covers the following:
(select from the categories below!)

- A) heads of state, heads of government, ministers and deputy ministers, state secretaries, in Hungary the head of state, the prime minister, the ministers and state secretaries,
- B) members of parliament or of similar legislative bodies, in Hungary members of parliament and advocates for minorities,
- C) members of the governing bodies of political parties, in Hungary members and officers of the governing bodies of political parties,
- D) members of supreme courts, constitutional courts or other senior judicial bodies, the decisions of which are not subject to appeal, in Hungary members of the Constitutional Court of Hungary, courts of appeal and the Curia of Hungary,
- E) members of audit offices or the executive boards of central banks, in Hungary the president and vice president of the State Audit Office, members of the Monetary Council and the Financial Stability Board,
- F) ambassadors, administrators and high-ranking officers in the armed forces, in Hungary the head of the central body of law enforcement bodies and the associated deputy, the Chief of Staff of the Hungarian Army and the Deputy Chiefs of Staff of the Hungarian Army,
- G) members of the administrative, management or supervisory bodies of majority state-owned enterprises, in Hungary the executive managers of majority state-owned enterprises, including members of the management body exercising control or supervisory rights of such enterprises,
- H) the head, deputy head, member of the governing body of an international organization, or a person carrying out equivalent duties.

3) I hereby declare that I am a close relative of a politically exposed person².

Please provide the letter (as listed in clause 2 above) of the politically exposed person status of your close relative:

4) I hereby declare that I am a person closely associated with a politically exposed person³.

Please provide the letter (as listed in clause 2 above) of the politically exposed person status of the person closely associated with you:

In addition to the information specified above, if the client making the statement is a politically exposed person, a close relative of a politically exposed person or a person closely associated with a politically exposed person, the statement must include information on the source of funds and assets.

Please provide them here:

SIGNATURES

I declare that the information I have provided is true and correct.

Place and date:



Signature of the identified person

If you are a politically exposed person, two witness signatures are required, unless you are submitting it with electronical authentication (Identification Based Document Authentication - AVDH)!

We, the undersigned witnesses, hereby certify by our signatures that the statement concerning the source of funds and the source of assets has been signed in front of us by the declarant himself/herself / he/she acknowledged his/her signature as his/her own in front of us.

1. Name of witness:
(in capital letters)

2. Name of witness:
(in capital letters)

1. Address of witness:

2. Address of witness:

1. Signature of witness:



2. Signature of witness:



IN THE CASE OF PERSONAL IDENTIFICATION, THE STATEMENT OF THE ALFA PARTNER PERFORMING THE IDENTIFICATION

I have recorded the data and performed the identification on the basis of the original valid document(s) presented.

Place and date:



Signature of the person performing the identification

Name of the person
performing the
identification:

Code of the person
performing the
identification:

1. Politically exposed person shall mean a natural person who is performing an important public task or has been performing an important public task for at least one year prior to the date of the issuance of this statement. For the purposes of this statement, the persons listed in clause 2 are considered to have an important public task.
2. The close relative of a politically exposed person shall mean the spouse or domestic partner of a politically exposed person; their biological and adopted children, stepchildren and foster children and their spouses or domestic partners; and their biological, adoptive, step- and foster parents.
3. A person closely associated with a politically exposed person shall mean:
 - a) any natural person having a joint beneficial ownership of any legal person or entity without legal personality, or any other close business relations with a politically exposed person;
 - b) any natural person who has sole beneficial ownership of a legal person or entity without legal personality set up for the benefit of a politically exposed person.