

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: 1

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: 8 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:

Type of ID document: ID card Driving Licence card Passport Please record the above e-mail address for the purposes of using the online customer service and/or e-mail services.

No. of ID document:

Type of other ID document:

No. of Address Card:

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.

Individually paid (agreed) monthly membership fee: <input type="text"/> <input type="text"/> HUF or <input type="checkbox"/> % of gross wages	Employer's paid (assumed) membership fee: <input type="text"/> <input type="text"/> HUF or <input type="checkbox"/> % of gross wages. <input type="checkbox"/> Employment agreement membership fee.
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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"/>
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Frequency of membership payment: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly	Tax number: <input type="text"/> - <input type="text"/> - <input type="text"/>
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<input type="checkbox"/> I hereby undertake to index (increase) my monthly membership fee to offset inflation. 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 is due 1 year after the first day of the month following the member's declaration of entry. 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. By filling in the employer's contribution box, I hereby give my voluntary and explicit consent to the Fund to provide my employer with the information necessary for the performance of the contract.
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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: _____,

X

Fund member's signature

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DESIGNATION OR AMENDMENT OF BENEFICIARIES

Upon the death of the Fund Member, the Beneficiary (Beneficiaries) will become the sole owner of the member's individual account. In the absence of Beneficiaries, the Fund Member's natural person heirs shall be entitled to the account in the ratio of their share in the inheritance.

I hereby withdraw my previous designation of beneficiaries, and shall not designate new ones.

Yes

I hereby withdraw my previous designation of beneficiaries, and shall designate new ones as shown below.

Yes

I hereby designate new beneficiaries as shown below (if no beneficiaries were designated before).

Yes

Name of Beneficiary 1: <input type="text"/>	Name given at birth: <input type="text"/>
Date of birth: <input type="text"/>	Place of birth: <input type="text"/>
Mother's birth name: <input type="text"/>	Beneficiary allocation: <input type="text"/> %
Home address: <input type="text"/> <input type="text"/>	

Name of Beneficiary 2: <input type="text"/>	Name given at birth: <input type="text"/>
Date of birth: <input type="text"/>	Place of birth: <input type="text"/>
Mother's birth name: <input type="text"/>	Beneficiary allocation: <input type="text"/> %
Home address: <input type="text"/> <input type="text"/>	

Name of Beneficiary 3: <input type="text"/>	Name given at birth: <input type="text"/>
Date of birth: <input type="text"/>	Place of birth: <input type="text"/>
Mother's birth name: <input type="text"/>	Beneficiary allocation: <input type="text"/> %
Home address: <input type="text"/> <input type="text"/>	

The allocation of beneficiaries in sections 1, 2 and 3 above must total exactly 100%. If more than one beneficiary is designated simultaneously, and the extent of their holdings is not indicated, or the total extent of their holdings is not 100%, the designated persons acquire entitlements in equal proportions.

APPLICATION FOR ELECTRONIC COMMUNICATION SERVICES

I also require the E-MAIL service and the ONLINE CUSTOMER SERVICE. To do so, please enter your e-mail address.

After having read the regulations as set out in the Statute I request that any correspondence as specified in the prevailing Statute and addressed to me be sent to me electronically.

FUND MEMBER'S SIGNATURE

Dated: _____,

X

Fund member's signature

DATA AND SIGNATURES OF WITNESSES

Acceptance of the beneficiaries are subject to data pertaining to witnesses as well as their signatures being included in this Change Report Form, except in the case of submission with electronic (AVDH) authentication.

The undersigned witnesses attest with our signatures that the fund member completed and signed this form pertaining to the designation of beneficiaries in our presence or acknowledged his/her signature as his/her own in our presence.

Name of witness 1: (block letters)

Name of witness 2: (block letters)

Home address of witness 1:

Home address of witness 2:

Signature of witness 1:

Signature of witness 2:

* We send a confirmation of data changes only to the Online Customer Service account, with the exception of beneficiary changes.

Alfa Voluntary Pension Fund

Mailing address: H-1399 Budapest, Pf. 717. > Customer service: +36-1-477-4890 > www.alfanyugdij.hu > Bank account number: 10700024-04524504-51100005 NYP-0073v9_eng