Registered offive: 1051 Budapest, József nádor tér 5-6. Mailing address: Budapest 1853, Telephone: 06 1 374 8400
Tax number: 18069493-1-41
Bank account number: 10918001- 00000003 - 00140000 Account-holding bank: UniCredit Bank

Aranykor Önkéntes Nyugdíjpénztár

# Voluntary Pension Fund Enrollment Declaration

## 1. Personal information of the new member

Membership ID number (to be completed by the Fund): T/LLLLLLLLLL

Please complete this declaration in block capital letters.

Tax identification number: LLLLLLLLLL

Name: LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

Birth name: LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

Place of birth: LLLLLLLLLLLLLL Date of birth: LLLL LL LL Gender: male ☐ female ☐

Mother's birth name: LLLLLLLLLLLLLLLLLLLLLLLLL

ID document number: LLLLLLL Type of document: LLLLLLLLLL (ID card/passportl/resident permit)

Address card number: LLLLLL LL Citizenship: Hungarian ☐ Foreign ☐ LLLLLLLLL (for foreign citizens)

Permanent address: LLLL LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

Mailing address: LLLL LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

Landline phone L LLLLLLLLL Mobil phone: LLLLLLLLLLLL

E-mail address: LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

E-delivery: Instead of traditional postal delivery, you may request electronic delivery of your documents. I wish to use this service: yes ☐ no ☐
IMPORTANT: We can only accept your request for e-delivery if you provide both your e-mail address and mobile phone number.

## 2. Contribution commitment

1. By signing this enrolment declaration, I undertake to pay the membership fee at least in the amount of the uniform contribution specified in the Fund's current Statutes.
   I will pay a higher individual contribution than the uniform fee: LLLLLLLLLLLLL HUF/month or LLL% of my gross salary.
2. Employer contribution*** Fixed amount: LLLLLLLLLLLLL HUF/month, or LLL % of my gross monthly salary.
3. Method of contribution payment paid by employer: ☐ individual payment: ☐ postal cheque: ☐ bank transfer: ☐ direct debit: ☐ payment request: ☐
4. I request the Fund to automatically index my contribution annually in line with inflation and to notify me in advance of the adjusted amount. L

Member's bank account number (for individual payments): LLLLLLLL–LLLLLLLL–LLLLLLLL

***Complete point 2 only if your employer pays a pension fund contribution on your behalf..

## 3. Employer representative information

To be completed by the employer (only if employer contribution or employer-paid support applies):

Employer's name: LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

Registered office: LLLL LLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

Tax number: LLLLLLLL– L– LL Tax identification number: LLLLLLLLLL (Mandatory to complete for those who do not have a tax number!)

Company registration number: L L LL LLLLLLL Sole trader registration number: LLLLLLLLLLLL

Bank account number: LLLLLLLL – LLLLLLLL – LLLLLLLL

Contact person: LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

Telephone: LLLLLLLLLLL

E-mail: LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

A ontribution-transfer/support agreement and regular data reporting are required between the Fund and the employer. I undertake to notify the Fund in writing, with an authorized signature, of any changes to the above data within 5 working days of the change.

Date: LLLL year LL month LL day Authorized signature of employer: _____X

## 4. Transfer from another pension fund

Name of transferring fund: LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL

Contract start date: LLLL year LL month LL day

I hereby authorize Aranykor Voluntary Pension Fund to act on my behalf in connection with the transfer from the above-named voluntary pension fund, to manage my data, and to forward my data and copies of documents required under AML regulations. I request that my membership in the above-mentioned voluntary pension fund be terminated and the balance of my individual account be transferred to the Aranykor Voluntary Pension Fund's account held at UniCredit Bank: 10918001-00000003-00140000

Signature of enrolling member: _____X

## 5. Investment portfolio selecton

At Aranykor Voluntary Pension Fund, you may choose from 9 investment strategies with different equity ratios and risk levels. You may place 100% of your savings in one portfolio or divide them between two portfolios in any proportion.

Money Market: ___ % Still life: ___ % Classic: ___ % Balance: ___ % Momentum: ___ ESG Dynamic: ___%

Postás X.1 Generation 2027: ___% Postás X.2 Generation 2037: ___% Postás Y Generation 2047: ___%

Further information on the portfolio system and current asset compositions is available at: https://www.aranykornyp.hu/befektetesek/portfoliokinalat
Portfolio selection is optional. If you do not select a portfolio, or if the total allocation does not equal 100%, or if you select more than two portfolios, your savings will be placed in the "Balance" portfolio. By signing this declaration, you acknowledge that you understand and accept the risks associated with the portfolio system.

## 6. Beneficiary Designation

In the event of the member's death, the balance of the individual account may be assigned to a beneficiary. If no beneficiary is designated, the legal heir will be considered the beneficiary. Designation may be made on this form, in a public document, or in a private document with full probative force. More than two beneficiaries (or later modifications) must be reported using the "Beneficiary Designation Form".
I declare that, in the event of my death, with respect to my individual account, I designate the person(s) named below as beneficiary(ies) in the proportions indicated:

1. Beneficiary: _____ Share: ___%
Birth name: _____
Place of birth: _____ Date of birth: ____ __ __
Mother's birth name: _____
Address: ____ _____

2. Beneficiary: _____ Share: ___%
Birth name: _____
Place of birth: _____ Date of birth: ____ __ __
Mother's birth name: _____
Address: ____ _____.

## 7. Member's Declarations

Please read the Fund's Investment Policy and Statutes carefully before signing. These documents are available at www.aranykornyp.hu or at our customer service office.

1. I declare that I have read and accept the Fund's current Investment Policy, Data Protection Notice, and Statutes, and that I wish to become a member of Aranykor Voluntary Pension Fund for the purpose of my own retirement savings.
2. I acknowledge that I must notify the Fund in writing, with my handwritten signature or via the online portal, of any changes to the data provided in this declaration within 5 working days.
3. I consent to the processing and storage of my data in the Fund's electronic records.
4. I consent to the transfer of my name and date of birth to my membership organizer for commission settlement purposes.
5. I declare that at the time of enrolment I am also a member of another voluntary pension fund: yes ☐ no ☐
6. I consent to the use and storage of my personal data (name, address, phone number, place and date of birth, mother's name, tax ID, e-mail address) for marketing purposes and to its transfer to Aranykor Fejlesztő és Szolgáltató Kft., a 100% subsidiary of the Fund, so that the Fund may send me its offers, services, and other information by electronic or postal means. yes ☐ no ☐

Date: ____ year __ month __ day Signature of enrolling member_____ X

## 8. Witness information

Acceptance of the beneficiary designation requires that the witnesses' data and signatures appear on the enrollment declaration. No witnesses are required if the enrollment declaration has been signed with a certified electronic signature or if the declaration has been electronically authenticated.
Important: the beneficiary(ies) and the witnesses cannot be the same person(s)!

1. Name of witness: _____
Address: ____ _____
Signature of witness: _____ X

2. Name of witness: _____
Address: ____ _____
Signature of witness: _____ X

## Contracted partner information

**To be completed by the contracted partner of Aranykor Voluntary Pension Fund:**

Name of membership organizer: _____
Membership organizer ID: _____
Telephone number: _____

## Endorsemen

Aranykor Voluntary Pension Fund accepts the enrollment declaration by endorsement. The date of endorsement is indicated in the Membership Certificate sent to the member. The membership relationship thus established begins on the day the enrollment declaration is received by the Fund, or, if submitted at a UniCredit bank branch, on the date of receipt at the branch.