

Name of the Employer	
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----- town/city ----- date ----- time -----

PERSONAL DATA OF AN EMPLOYEE APPLYING TO MAKE PAYMENTS INTO THE PPK SFIO FUND:

First and last name	
Polish Citizen Identification Number (PESEL)	
Date of birth	

OTHER DATA (fill in if no payments were previously made into the PPK)

Country of birth (if no PESEL assigned)	
Name of the identity document	
Identity document series and number	
Address of residence (street, house/unit number, zip code, town/city, country)	
Correspondence address (street, house/unit number, zip code, town/city, country)	
Citizenship	
Tax residency status (resident/non-resident)	
E-mail address	
Contact telephone number	

PERSONAL DATA OF AN ATTORNEY-AT-FACT APPLYING ON BEHALF OF AN EMPLOYEE TO MAKE PAYMENTS INTO THE PPK SFIO FUND:

First and last name	
PESEL	
Date of birth	
Country of birth (if no PESEL assigned)	
Citizenship	
Name of the identity document	
Identity document series and number	

I, the undersigned:

- apply to make payments into the PPK operated by Santander PPK SFIO,
- acknowledge that:
 - the application must be submitted to the Employer in writing,
 - payments into the PPK will be made as of the month following the month in which this application is submitted,

- I am able to submit an application to the Employer to reduce the amount of the basic payment (below 2% of the remuneration but not less than 0.5%) if my remuneration earned from various sources in a given month does not exceed the amount equivalent to 1.2x of the minimum wage,
- if in the period between the last declaration on resignation from making payments and the nearest date when the Employer is obliged to resume payments (this occurs every 4 years) I turn 70 years of age, payments will not be made after this date.

(circle the correct option and fill in if necessary)

- I declare an additional payment in the amount of % (maximally 2%)
- I don't decide to make additional payments; at the same time I acknowledge that it is possible to declare an additional payment at any time.

Confirmation of application acceptance by the
Employer:

Signature of the PPK Participant/Attorney-in-fact

Signature of the Employer