

INDIVIDUAL CONTRACT FOR SUPPLEMENTARY VOLUNTARY PENSION INSURANCE

I

Today, _____ year in the city of _____, by virtue of Art. 235, Para 1, Item 1 and Art. 237, Para 1 of the Social Insurance Code (SIC), by and between:

Insured person's personal details

First name, middle name, last name _____

Personal №/Foreign National's ID № _____ ID card/ Passport No _____

Date of issuance _____ valid till _____

or with regard to a foreign national _____

_____ *international passport and a document for long-term residence*

Date of Birth _____ Place of Birth _____

Citizenship (Please, state all citizenships, related to the person _____)

Address of Domicile

Country of domicile _____

Town/ Village _____ Municipality _____ Province _____

Postal Code _____ Province Postal Code Residential District, Str. №, entrance, floor, apartment _____

Address for Correspondence (If different from Address of Domicile)

Town/ Village _____ Municipality _____ Province _____

Пощенски код _____ Residential District, Str. №, entrance, floor, apartment _____

Telephone numbers and email

Telephone number 1 _____ Telephone number 2 _____

Email _____

referred to hereinafter as „INSURED PERSON“ and UBB Pension Insurance Company EAD, Licence №6/ 2000, Company ID Number 121708719, at the following address: City of Sofia, postal code 1463 89B, Vitosha Blvd., UBB Millennium Center, floor 16, hotline 0800 11 464, represented jointly by the Executive Directors Nikolay Stoykov Stoykov and Anastas Atanasov Petrov, referred to hereinafter as „THE COMPANY“ have concluded the present contract („THE CONTRACT“) with the following specific and general terms and conditions for supplementary voluntary pension insurance at UBB Voluntary Pension Fund („THE FUND“), registered with Sofia City Court under company record № 14263/2000, BULSTAT 130437051.

Specific Terms and Conditions of the Contract

1. The INSURED PERSON shall undertake to: _____ Make one-off,

monthly, quarterly, six-monthly, annual pension insurance contribution/s or such with other specific periodicity

in the amount of _____ BGN, in words: _____

By the _____ day of the month, following the period to which it refers. The first contribution refers to the month of _____

Simultaneously with the first pension insurance contribution to also pay a one-off entry fee in the amount of BGN 10 (ten Bulgarian leva), should such be due and payable pursuant to the Rules and Regulations on the Organization and Activity of UBB Voluntary Pension Fund („The Regulation“).

2. THE INSURED PERSON hereby nominates the following persons, who will be entitled to receive inheritable pension, one-off or in deferred payment of the funds, accumulated in the individual record after his/her death:

First name, middle name, last name _____ Personal ID Number _____ Share in % _____



7.4. THIS CONTRACT shall be terminated upon the INSURED PERSON'S death.

7.5. THIS CONTRACT shall be terminated upon conclusion with the INSURED PERSON of a pension contract or a contract for deferred payment of the entire accumulated amount under the individual pension insurance account.

7.6. This CONTRACT cannot be terminated unilaterally by the COMPANY.

VIII. Final provisions

8.1. This CONTRACT shall be concluded for an indefinite period of time and shall enter into force as from the date of its signing by the parties. In cases where the internal procedures of the COMPANY require the conclusion of the CONTRACT to be approved by an Executive Director of the COMPANY, the CONTRACT shall enter into force after such approval.

8.2. Any disputes regarding the execution of the CONTRACT shall be settled between the parties voluntarily through direct negotiations between them. In the event that no agreement is reached during the negotiations, the disputes shall be subject to the jurisdiction of the competent court in the city of Sofia.

8.3. Any amendments and supplements to this CONTRACT shall be made by mutual agreement of the Parties hereto. When the amendments and supplements are required by amendments and supplements to the Company Regulations, these shall enter into force as from the date of entry into force of the relevant amendments to the Company Regulations.

The INSURED PERSON shall agree that the personal data provided by him/her shall serve as a ground for updating his/her personal data in the event of a discrepancy between the data, contained in this contract and data already processed by the Company, if such have been provided by the INSURED PERSON due to the availability of a concluded insurance contract with another fund for supplementary pension insurance of the Company.

The INSURED PERSON shall agree that all notifications, letters and any other correspondence from the COMPANY may be sent to the address for correspondence and to the electronic address - at the COMPANY'S discretion. Each of the two forms of notification shall be considered regular notification, when made by the COMPANY.

The INSURED PERSON hereby acknowledges his/her familiarity with and acceptance of the terms and conditions of this CONTRACT, as well as the terms and conditions of the Regulations and the Investment Policy of the FUND, an integral part hereof, which he/she shall certify with his/her signature on this page.

THE INSURED PERSON hereby acknowledges his/her familiarity with and receipt of up-to-date information on the main characteristic features of the FUND and details regarding participation in it.

THE INSURED PERSON has been informed that, in accordance with the Measures against Money Laundering Act and the internal rules, related to its implementation, when concluding a contract for supplementary voluntary pension insurance or when increasing the amount of the contribution under such a contract, the Company may require additional information, as well as documents, proving the origin of the funds for payment of the contribution. Failure to submit such documents may result in a refusal to accept a client or to perform the relevant transaction.

This CONTRACT has been drawn up and signed in 2 identical originals – one for the COMPANY and one for the INSURED PERSON.

Online access to the pension insurance account

Please mark with an X whether you would like to access your pension insurance account online. yes no

Receiving an annual statement

I would like to have the annual statement of my pension insurance account sent by e-mail by post

E-mail _____

Please provide an e-mail only if it differs from the one, stated in the „Telephone numbers and email“ field.

If you have not marked the way in which you would like to receive the annual statement or if you have marked both options, please note that the Company will send the annual statement by post.

Employer Details (if deductions and transfer of contributions will be made by it)

Name _____ Telephone Number _____

Declaration Statement Appendix 1

In connection with the pension insurance contribution(s) that I will by virtue hereof, I, the undersigned

hereby declare that I am currently working as an _____ in _____
position/ occupation *company/ association/ organization*

Insured person

Signature

Insurance intermediary or authorized person from insurance intermediary – legal entity (first name, middle name, last name)

For the Company

First Name, Last name, Signature and Stamp

Employee №



Please, read the instructions on page 9

QUESTIONNAIRE UNDER THE MEASURES AGAINST MONEY LANDING ACT (MAMLA) REGARDING A NATURAL PERSON TO A CONTRACT FOR SUPPLEMENTARY VOLUNTARY PENSION INSURANCE / ANNEX TO A CONTRACT FOR SUPPLEMENTARY VOLUNTARY PENSION INSURANCE № _____

1. Personal data of a client – natural person

To be filled out by the natural person – Insured person/ Insuring Party

First Name, Middle Name, Last Name _____

Citizenship _____

Please, state all citizenships, related to the person

The information in the field below should not be filled out in case the person has provided a photocopy of a valid identity document or in case such information is already contained in another document, filled out in relation to the social security relations and there are no changes occurred

Personal ID No/ Foreign National's _____

ID No: Passport No _____

Date of issuance by the Ministry of Interior _____

Valid till or _____

concerning a foreign national _____

Please, state your international passport and a document for long-term residence, if any

Date of Birth _____

Place of Birth _____

Country of domicile _____

Address of domicile: _____

2. Additional information about the client

Person's professional activity: _____

3. Client's appurtenance to some of the categories of Politically Exposed Persons (PEPs) within the meaning of Art. 36 of MAMLA or to the categories of persons, related to such

Please, check the instructions on page 2

No

No, however the client has fallen into such category over the last 12 months _____

Please, state the particular category Please, state

Yes _____

the particular category

4. Purpose and nature of business relations

Please, fill out only in case of signing a contract for supplementary voluntary pension insurance

Long-term saving for yield generation purposes

Use of tax alleviations

Insurance plan, to be used by the person in case of personal contributions

Insurance in favour of a third person _____

Please, state the reason or the relatedness with the person

Other _____

5. Anticipated scope of business relations

Please, fill out only in case of signing a contract or upon changing the initially stated volume of transactions / operations

The scope of relations has been defined as per the terms and conditions of the insurance contract

Other anticipated scope _____

Please, state the anticipated volume on an annual basis

6. Origin of funds

The funds to be used for payment of pension insurance contributions in _____, originate from:

income from employment activity: _____

Please, state the period, in which the income has been generated, as well as Employer's data *

Income from commercial activity or a similar source: _____

Please, state the period, in which the income has been generated, as well as data about the company or counterparties *

Company's original

agreements (donations included), invoices or other documents:

*Please, state a type, number (if applicable), signing date and details about the persons - signatories to the agreement or document issuers **

inheritance:

*Please, state the year of acquiring the inheritance and data about the legator / legators**

other:

Please, state information about the source of funds, in terms of type, period, persons etc.

If the source of funds is **savings**, please state the particular origin of savings, period and the relevant information, indicated above.

*) Upon stating a natural person – party to the legal relations, from which the funds have been generated, please, indicate the names and the Personal ID Number / Foreign National's ID Number/ Date of Birth; Upon stating a legal entity or another legal formation – party to the legal relations, from which the funds have been generated, you should state the name and the Company ID Number/ BULSTAT or another identification number, in the cases when the legal entity has been entered with the other country's relevant register.

I am aware of the penal liability under Article 313 of the Penal Code for stating false circumstances.

I hereby confirm the accuracy of the information, stated herein, as well as that I shall inform the Company in case of a change in the provided data.

I have been informed that part of the information, provided in this Questionnaire, represents personal data and falls under the special regime of protection pursuant to the General Data Protection Regulation (Regulation (EU) 2016/679), as well as that the Company processes the personal data, provided by me in implementation of the obligations, originating from the Measures Against Money Laundering Act and the regulations on its application. More information as to the manner in which personal data is being processed, the rights of data subjects, as well as other relevant information is available in the Information of the UBB Pension Insurance Company EAD on the Processing of Personal Data document.

Date

Declarant

Given and last name, Signature

Instructions

1. This Questionnaire shall mandatory be appended with a photocopy of the Insured person's /Insuring Party's identity document in the following cases:

- Upon signing a contract for supplementary voluntary pension insurance;
- Upon an occurred change in the person's identification data.

2. The „**Politically Exposed Persons**“ and „**Persons, related to such Politically Exposed Persons**“ stated in Section 3 shall have the following meaning:

„**Politically Exposed Persons**“ within the meaning of Art. 36, Para. 2 of MAMLA are:

- Heads of state, heads of governments, ministers and deputy ministers or assistant ministers;
- Members of parliaments or of other legislative bodies;
- Members of constitutional courts, of supreme courts or of other higher judiciary bodies, whose decisions are not subject to further appeal unless upon extraordinary circumstances;
- Members of a Court of Auditors;
- Members of central banks' governing bodies;
- Ambassadors and chargés d'affaires ;
- High-ranking officers in the armed forces (Brigadier General, Fleet Admiral, Major General, Rear Admiral, Lieutenant General, Vice Admiral, General, Admiral);
- Members of administrative, management or supervisory bodies of state-owned enterprises and commercial companies with sole owner being the State;
- Mayors and deputy mayors of municipalities, mayors and deputy mayors of administrative regions and chairpersons of municipal councils;
- Members of management bodies of political parties;
- Heads and deputy heads of international organization, members of management or supervisory bodies in international organizations or persons, performing equivalent function at such organizations.

The stated categories respectively include and insofar as applicable positions in the institutions and bodies of the European Union and in international organizations.

„**Related persons**“ to a Politically Exposed Person within the meaning of Art. 36, Para 5 of MAMLA are:

- Spouses or persons in a non-marital co-habitation;
- First-line descendants (children) and their spouses or the persons, with whom first-line descendants live in a non-marital co-habitation;
- First-line ascendants (parents) and their spouses or the persons, with whom first-line ascendants live in a non-marital co-habitation;
- Relatives of a second-degree collateral line of descent (siblings) and their spouses or the persons, with whom relatives of a second-degree collateral line of descent live in a non-marital co-habitation;
- Natural person, who is a beneficial owner jointly with a person – Politically Exposed Person of a legal entity or of another legal formation or who is in close commercial, professional or other business relations with a person, who is a Politically Exposed Person;
- Natural person, who is a sole owner or a beneficial owner of a legal entity or of another legal formation, which is known as having been established in favour of a person, who is a Politically Exposed Person.

This Questionnaire is integral part of the Rules on the Control and Prevention of Money Laundering and Financing of Terrorism of UBB Pension Insurance Company EAD.

The contributions of Insured persons under a contract for supplementary voluntary pension insurance can be paid either personally, with a bank transfer or by means of deductions, made by an employer.

Pursuant to the Social Insurance Code – Art. 233 (1), upon the employee’s willingness the Employer shall be obliged to deduct the insurance contribution from the employee’s remuneration for the respective month and transfer it to the account of the voluntary pension insurance fund, selected by the employee.

In order for the contribution to be recognized and properly posted into the client’s insurance record, the Payment Reason - Beneficiary’s Info field of the payment order needs to be filled out with the contract number and the Personal ID Number of the individual, to whom the contribution relates.

If an employer should transfer the pension insurance contributions for more than one person, this can be made with a single payment order. The payment order can be generated for the total amount of contributions for the persons, as the Payment Reason - Beneficiary’s Info field should be filled out with only the number of persons, to whom the contribution relates, and additionally a list should be sent, containing the names, the Personal ID Numbers and the contribution amounts for the respective individuals at the following email address clients@ubb-pensions.bg.

Individuals may pay their contributions for supplementary voluntary pension insurance personally at any bank branch. The contributions, paid at a teller desk in the branches of UniCredit Bulbank in an amount up to BGN 3000, are not being charged with a fund transfer fee. The deposit slip should be filled out by analogy with the payment order.

До/ To	UNICREDIT BULBANK AD	уникален регистрационен номер/ unique reference number
Клон/ Branch	София	... Г.*
Адрес/ Address	София	дата на представяне/ date
		подписи на наредителя/ depositor’s signature

Платете на - име на получателя/ Beneficiary name	
ДФ ОББ /UBV VPF	
IBAN на получателя/ Beneficiary account No	BIC на банката на платеца/ Bank code
B G 7 0 U N C R 9 6 6 0 1 0 0 4 3 6 0 6 0 3	U N C R B G S F
При банка - име на банката на получателя/ Beneficiary bank	

ПРЕВОДНО НАРЕЖДАНЕ	за кредитен превод/ for credit transfer	Вид валута Currency	Сума/ Amount
PAYMENT ORDER		B G N	1 0 0** X X

Основание за превод - информация за получателя/ Details
Номерът на вашия договор и вашият ЕГН/ Your contract number and your Personal ID Number

Още пояснение/ Additional details	
IBAN на наредителя/ Customer account No	BIC на банката на наредителя/
Платежна система/ Payment system	Т ак с и * / Charges*
	Дата на изпълнение/ Date of execution

*Такси: 1 - за сметка на наредителя; 2 - споделени (стандарт за местни преводи); 3 - за сметка на получателя/
 *Charges 1 - to be paid by the ordering customer; 2 - shared (standard for local payments); 3 - to be paid by beneficiary
 Попълва се при преводи между местни и чуждестранни лица в страната, на стойност равна или надвишаваща сумата по чл. 2, ал. 1, т. 1 от Наредба № 27 на БНБ за статистиката на платежния баланс/
 To be filled in for cross - border transfers between residents and non-residents in the country equal or exceeding the amount written in art. 2, par. 1, item 1 in Regulation No. 27 for Statistics of the Balanke of Payments

Данни за наредителя/ Information about the ordering party	<input type="checkbox"/> местно лице/ resident <input type="checkbox"/> чуждестранно лице/ non-resident	Данни за получателя/ Information about the beneficiary	<input type="checkbox"/> местно лице/ resident <input type="checkbox"/> чуждестранно лице/ non-resident
Държава на наредителя/ Country of Customer		Държава на получателя/ Country of Beneficiary	
Адрес на наредителя/ Address of Customer		Адрес на получателя/ Address of Beneficiary	
Описание на икономическата същност на превода/ Type and description of the payment		Номер на БНБ/ BNB No.	
При превод на средства във връзка с вече представени от или на чуждестранно лице финансови кредити/ When transferring funds, that are already given to or received from a non-resident as financial loan			

Известно ми е, че за посочването на неверни данни нося отговорност по чл. 313 от Наказателния кодекс./
 We are aware for the penal liability under art. 313 of the Penal Code in case we declare false data or circumstances to the Bank

* дата на представяне/ submission date
 ** сума на вашата вноски/ your contribution amount

**Задължителни атрибути за
разпознаване на плащането/
Mandatory payment recognition attributes**