**Annexe to Bursar's Ordinance K 172**

**Application for a contribution from the Social Fund to pension insurance/supplementary pension savings**

Name and surname: ...............................................................................................................................

Date of birth: ...........................................................................................................................................

Unit + faculty: .........................................................................................................................................

Name of pension company: ...................................................................................................................

Payment details **for the employer provided by the pension company after you have reported the information that the employer will be contributing:**

Pension company account number: ................................................................. Bank code.......................

Contract number: ............................................................................ Variable symbol: ..............................

Constant symbol: ..........................................................................… Specific symbol: ...............................

Effective date of contract: ............................................

Check the type of product stated in the contract: [ ] pension insurance / [ ] supplementary pension savings

By signing this application, I declare that I agree to the employer collecting the above data for the purposes of granting and providing a contribution to pension insurance or supplementary pension savings and handling or otherwise processing them for the same purposes in accordance with Act No 110/2019, on the Protection of Personal Data, as amended.

Date ……….……………………….. ……………………………………………………..

 Employee signature

The Human Resources Office has verified the staff member's entitlement to the contribution in accordance with Ordinance K172.

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Representative of the Human Resources Office – signature

**Please attach a copy of your pension insurance/supplementary pension savings contract to the completed application form.**

**Both documents should be sent electronically or delivered in person to the relevant human resources office of the faculty/constituent part.**

You are obliged to notify the relevant human resources office of the faculty/constituent part without delay of any changes to any of the above information. Please indicate the relevant changes on the new form (Application for a contribution from the Social Fund to pension insurance / supplementary pension savings).