

Name of the Employer	
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town/city date time

DANE OSOBOWE PRACOWNIKA:

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

EMPLOYEE'S STATEMENTS

I state that the financial institutions below operate the PPK on my behalf:

Lp.	Name of the financial institution operating the PPK for the Employee
1.	
2.	
3.	
4.	

I acknowledge that:

- if the Employer enters into a contract for the operation of the PPK for and on my behalf, the Employer will be obliged to submit on my behalf an application for a transfer withdrawal of funds collected in the PPK operated by the aforementioned institutions
- after receiving information from the Employer about the obligation to submit the aforementioned transfer withdrawal application, I have the right to withhold consent to submit this application in writing. In such a case the funds collected until this point in the PPK operated by the aforementioned financial institutions will remain in those PPK until they are withdrawn, transferred or refunded.

Signature of the Employee submitting the statement

Confirmation of statement acceptance by the Employer