Application for Change of Pension Fund



When completing the form, where appropriate, please mark your choice with \square Pension Plan: ☐ CBL Sabalansētais ☐ CBL Aktīvais ☐ CBL Aktīvais USD ☐ CBL Indeksu Individual Contract No./Company name (if the employer contributes to the pension plan in accordance with a collective agreement) Pension Plan Participant Name, surname Identity code Date of birth ID document (number, date of issue, period of validity, issuing country and authority) Contact Information (street, house No./building/name, apartment No., city (district, settlement name), postal code, country Telephone ______ E-mail _____ Please transfer my accumulated pension capital to: ______ Name of the new Pension Plan, registration No., IBAN of the Pension Fund: **Choose your Pension Plan** Contract No.: _____ Choose the amount of the pension capital to be transferred: ☐ 100%, terminating the individual contract; ! If you have a regular payment contract, please terminate it 100%, continuing participation in the pension plan; Part of the capital without termination of the contract: amount _____ Document(s) attached to the Application: _____ Copy of ID document (only for Participants who are not customers of Citadele banka AS) I have been informed that the transfer of the accumulated supplementary pension capital to another pension fund is carried out within two weeks from the date of receipt of the application and the necessary documents by CBL Atklātais pensiju fonds AS. The calculation of the investment return for the pension plan participant is made taking into account the accumulated income and expenses as at the end of the business day preceding the payout day. I certify that all the information provided by me in this application is complete and true and I am aware that I am liable under applicable law in the event of provision of untrue information. I have been informed that CBL Atklātais pensiju fonds AS processes personal data for the purpose of transferring the accumulated supplementary pension capital to another pension fund, Prevention of Money Laundering and Terrorism and Proliferation Financing, in order to comply with the requirements laid down in the legislation, for communication in connection with the above, provided that the rights are exercised in accordance with the Privacy Protection Rules available at www.cblgroup.com/en/companies/cbl-open-pension-fund. Participant: _ (name, surname) (signature) (date) Pension Fund Representative:_ (customer centre) (name, surname) (signature) (date) To be completed by the pension fund officer: _

(Registration No.)

(Registration date)