

**REPRESENTATION BY THE PPK PARTICIPANT
ON AGREEMENTS ON MANAGEMENT OF THE PPK CONCLUDED
FOR THE BENEFIT OF THE PARTICIPANT**

_____, date: - -
Place, date

Data of the PPK participant

Forename:

Surname:

Address of residence:

 - -

Data of the employing entity

Name:

Address:

 - -

Pursuant to Article 19(1) the PPK Act of 4 October 2018, I hereby represent that I am a party to the following agreements on management of the PPK:**

No	PPK account number	Name of the employing entity***	Tax ID number (NIP) of the employing entity
1			
2			
3			
4			

legible signature
(Forename and surname of the PPK participant)

Date of submitting the declaration to the employing entity

** Within 7 days of receipt of information from the employing entity on the obligation to make a transfer withdrawal of funds accumulated on the accounts indicated in the Representation, the PPK participant may inform, in writing, the employing entity of the lack of consent to the submission of a request for the transfer withdrawal. If the employing entity to which this Representation has been submitted does not receive information about the lack of consent, the entity shall submit, on behalf of the PPK participant, a request for the transfer withdrawal of funds accumulated on PPK accounts indicated in the Declaration.

*** Please indicate the investment fund company, universal pension fund company, employee pension fund company or insurance company managing the financial institution which is a party to the agreement on management of the PPK concluded on behalf and for the benefit of the PPK participant.