**INFORMATION ABOUT THE LACK OF CONSENT TO SUBMISSION OF THE REQUEST FOR THE TRANSFER WITHDRAWAL**

_____ date: ☐☐ - ☐☐ - ☐☐☐☐
*Place, date*

**Data of the PPK participant**

*Forename:*

*Surname:*

*Address of residence:*

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**Data of the employing entity**

*Name:*

*Address:*

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Dear Sir/Madam,

in connection with the receipt on __-__-____ of the information on the obligation to submit, on my behalf, the request for the transfer withdrawal of funds accumulated on PPK account(s) kept by _____ *[Name of other financial institution]* represented by _____ with its registered office in _____ at : _____ , to the PPK account kept by PKO Pension – specialized open-end investment fund (PKO Emerytura – specjalistyczny fundusz inwestycyjny otwarty), represented by PKO Towarzystwo Funduszy Inwestycyjnych S.A. with its registered office in Warsaw with whom the agreement on maintenance of the PPK was concluded on my behalf and for my benefit by _____ *[Name of the employing entity]*, I hereby represent that acting pursuant to Article 12(3) of the PPK Act of 4 October 2018, I do not consent to the submission by _____ *[Data of the employing entity]* of the request for the transfer withdrawal referred to above.

_____
legible signature
(Forename and surname of the PPK participant)