

**This document represents a translation from the original Bulgarian version and is for information purposes only. In case of divergence the Bulgarian original shall prevail.*

DECLARATION

The undersigned
/full name according to Identity document/

Personal No..... or identification №.....(for a
foreigner),

Identity card № No. issued on.....by....., or identity document

of a foreigner (type, series №, date, and place of issue, validity term),

date of birth, place of birth....., nationality....., state of
permanent residence.....,

Permanent address: District of....., Municipality of , p.c.,

City/ town, bl., floor, ap.....,

Present address: District of....., Municipality of , p.c.....,

City/ town, bl., entr., floor, ap.....,

telephone:....., e-mail:

based on article 235, paragraph 3 of the Social Insurance Code

DECLARE:

1. I agree to be insured by

Company identification number (EIK): BULSTAT

under the terms and conditions of the Social Insurance Code (SIC) in the Voluntary Pension Fund DOVERIE (VPF DOVERIE), managed by the Pension Assurance Company DOVERIE AD (PAC DOVERIE AD).

2. I am aware of the contents of the contract for supplementary voluntary pension insurance concluded in my favour

to CONTRACT №

between PAC DOVERIE AD and my SOCIAL INSURER referred to in item 1.

3. In connection with the provision of insurance in the VPF DOVERIE, I provide my personal data and those of the persons referred to in point 5 to PAC DOVERIE AD, which undertakes to process them in compliance with the General Data Protection Regulation (Regulation (EU) 2016/679), the Personal Data Protection Act, and the applicable national legislation.

4. I have been Information that:

4.1. PAC DOVERIE AD, in the capacity of data controller, shall process the data provided by me for specific goals, set forth in the Social Insurance Code, any other statutory instruments and by-laws applicable to the business of supplementary compulsory pension insurance, this contract and on the ground of the specified regulations and the contract.

4.2. Detailed information about the ground, the purpose and the terms for processing, the categories of data that will be processed as well as the rights related to personal data protection and the procedure for their exercising is contained in the document **Information and access to personal data of clients of pension funds managed by Pension Assurance Company Doverie AD** which I may obtain at any office of DOVERIE or may get acquainted with its content on www.poc-doverie.bg, section *Personal Data Protection*.

4.3. I shall notify PAC Doverie AD about any change of my personal data, which are processed in connection with my insurance in VPF Doverie, and shall submit the relevant documents as well as shall notify PAC Doverie AD about changes of other circumstances that are relevant for the completion of the obligations of PAC DOVERIE AD.

5. I hereby designate the following beneficiaries who are entitled to receive a pension by inheritance from the funds contributed for my benefit under the contract under which I agree to be insured by this declaration and the amount of their share of the funds:

- 5.1. My children;
 5.2. Husband/wife;
 5.3. Persons indicated in the table as follows:

No.	Full name	Personal No.	Kinship or marital relation (if any)	share %
1				
2				
3				

100%

N.B. Children or husband/wife of the delcarer may be entered in the table, too. Children or husband/wife of the declarer must be entered in the table provided that the declarer does not wish to indicate all their children as beneficiaries or wishes to allocate different portions to their children and/or husband/wife.

2. When the children of the declarer are specified in item 5.1 as beneficiaries, without being listed name by name in item 5.3, right to pension by inheritance will have also the children born after contract conclusion

3. When the husband or the wife of the declarer is specified in item 5.2 as a beneficiary, without being specifically designated in item 5.3, right to pension by inheritance will have also the person who is married to the declarer as at the time of his death

4. When the third beneficiaries are more than one person but in item 5.3. is not specified the relevant portion, then they all shall have equal rights.

5. When the third beneficiaries are more than one person and any of them dies before the declarer or refuses to receive the relevant portion, their portion shall be added, respectively, to the portions of the other beneficiaries.

6. I choose to receive my statement from my individual account in one of the following ways:

- 6.1. on paper, at the permanent address given in this declaration;
 6.2. electronically:
 6.2.1. by e-mail to the e-mail address indicated in this declaration;
 6.2.2. on a durable medium;
 6.2.3. through the website of PAC Doverie AD

Tick by X the method for receiving the statement from the individual account selected by the declarer.

7. I have been Information that:

7.1. when I have not selected an option under paragraph 6, the statement shall be sent to me on paper at my permanent address;

7.2. I may change the method of receiving the statement under item 7.1 or the choice made under item 6 by a document on a form approved by PAC Doverie AD, which shall be submitted on a paper copy or through its website.

DATA ABOUT THE INSURED: (Tick by „X” as appropriate)

1. Are you presently insured in VPF Doverie?

NO **YES** and my social insurance number is

2. Are you insured in General and/or Professional Pension Fund Doverie?

NO **YES** and my social insurance number is

Date:20

DECLARER:

/full name according to Identity document and signature/