

Annexe to Bursar's Ordinance
K 182

Notice on exercising the right to a mandatory contribution to a retirement savings product

Name and surname:

Date of birth:

Workplace + faculty:

Pension company:

Payment details for the employer, provided to you by the pension company after you exercised your right to a mandatory employer contribution:

Pension company account number: Bank code.....

Contract number: Variable symbol:

Constant symbol: Specific symbol:

Contract effective date:

Mark the type of retirement product specified in the contract:

- supplementary pension insurance with state contribution
- supplementary pension savings

By signing this notice, I grant my employer consent within the meaning of Article 6(1)(a) of Regulation (EU) 2016/679 of the European Parliament and of the Council, the General Data Protection Regulation (GDPR), to process the data specified in this notice and its annexes for the purpose of administering and paying the mandatory contribution to supplementary pension insurance with state contribution or supplementary pension savings. The processing is carried out in accordance with the principles set out at www.jcu.cz/ochrana-osobnich-udaju.

Date:
.....

Employee's signature

The HR department has verified the employee's entitlement to the contribution in accordance with Ordinance K 182.

.....
Signature of the Human Resources
Office representative

Please attach a copy of your supplementary pension insurance/supplementary pension savings agreement to your notice on exercising your right.

Send both documents electronically or deliver them in person to the relevant human resources office of the faculty/constituent part.

You are required to report any changes to the above information to the relevant human resources office of the faculty/constituent part without delay. Please indicate the relevant changes on a new form (Notice on exercising the right to a mandatory contribution to a retirement savings product).