

Guidance on Completing the Application Form

Dear Future Fund Member,

Before filling out the admission statement, please read the completion guide carefully, which contains important information for you. Please make sure that your statement is accurate and legible. The information in bold is required; otherwise, the admission statement will not be accepted and thus no access to the Fund will be possible. A member of the OTP Országos Egészség- és Önszegélyező Pénztár (OTP National Health and Mutual Fund) shall be a natural person who has reached the age of 16, acknowledges the provisions of the Articles of Association as legally binding and agrees to pay the membership fee. We would also like to remind you not to forget to take advantage of the 20% tax refund on individual payments if you have after-tax income, you have no tax debts registered with the state tax authority, and have paid your tax based on your tax return. Please note that you can make individual payments even if your employer has taken over your contribution in whole or in part as a fringe benefit (employer's contribution).

Please note that if you have downloaded the Admission Statement from our website, you must submit it in person at our customer service centre or at any branch of OTP Bank Plc., in order to ensure that our colleagues can verify the data you provided and check your personal identification documents (i.e. proper customer identification as required by the legal requirements on the prevention and combating of money laundering and terrorist financing).

Please be informed that pursuant to Section 11 of Decree No. 19/2017. (VII. 19.) of the MNB (the Hungarian National Bank) you will be admitted using simplified customer due diligence; however, if

- your employer's contribution exceeds the amount specified in the Personal Income Tax Act on an annual basis, or
- the individual contribution required to qualify for the maximum tax deduction (HUF 150,000 / year) exceeds HUF 750,000/year, or
- the payment made by your employer to finance the targeted service paid to your benefit exceeds the sum of the number of the employer's employees with membership at the OTP Health Fund multiplied by the minimum monthly wage valid on the first day of the year,

we will ask you to undergo normal customer due diligence.

1. New member's data

Family and given name: The surname and the first name of the new member must be provided as per the official records (by default the identity card).

Family and given name at birth: Enter the surname and first name of the new member at birth.

Mother's name (maiden name): Enter the surname and first name of the new member's mother at birth (and the married name).

Place of birth: Enter the new member's place of birth.

Date of birth: Enter the new member's date of birth in YY/MM/DD format.

Sex: Tick the new member's gender (Male/Female).

Permanent address: Enter the new member's permanent address with the postal code, the name of the town (city), the name of the public space (street name, square name), its type (street, road, square, alley, boulevard, etc.) house number, floor, door. In the absence of a permanent address, the address of the place of residence shall be entered, even if it cannot be verified with a document.

Notification address: Enter the new member's place of residence (postal address) if different from the permanent address. Enter the postal code, the name of the town (city), the name of the public space (street name, square name), its type (street, road, square, alley, boulevard, etc.) house number, floor, door. If filled in, please do so with caution because the Fund will send you all letters, notices, tax certificate, invoice notice, etc. to this address.

Nationality: The new member's nationality is a required field.

Number of personal identity certificate document: Photo IDs, such as the old and new types of ID card, the card format driver's license, a passport and a valid residence permit are acceptable as proof of identity. Enter the serial number of this identification document here.

Type of identity document: Refer to the document corresponding to the identification number in the previous box. Available options: photo IDs, such as the old and new types of ID card, the card format driver's license, a passport or a valid residence permit.

Taxpayer ID number: The 10-character ID number on your Tax ID.

TAJ (social security number): Enter the 9-digit Social Security Identification Number on the TAJ card issued by the National Health Insurance Fund.

Residence card number: The serial number of the official certificate of residential address shall be entered here.

Bank account number: Enter your bank account number to which you request payments from the Fund, in a three times 8-character format. The bank account number is required to transfer the consideration for the cash invoices that you wish to be cleared. We advise you to provide this information so that you will receive payment for the invoices submitted to the Fund as soon as possible. If possible, enter the number of a bank account over which you have exclusive control, as the Fund registers only one bank account number.

Telephone: The telephone number is basically for the purpose of efficient administration with the Fund. We advise you to provide this information so that our colleagues can contact you as quickly as possible to resolve any issues you may have.

E-mail: We advise the new member to provide his e-mail address for the purpose of data reconciliation and for ease of administration, and some of our electronic services (as per Section 6) can only be accessed by providing your e-mail address.

Name as it appears on the health fund card: For the purpose of paying for the prices of products and services that can be financed through the health fund, the Fund provides you with a health fund card that can be used as a method of payment at card acceptance points. The card works just like a bank card. The name shown here will appear on your health fund card, so please make sure you fill in this box. Particular care should be taken if the new member's name is longer than 20 characters. The name given here must be the same as the name given in Section 1 or must be its abbreviated version.

Undertaking payment of the membership fee

The minimum standard membership fee of the Fund HUF 2,000 / month, i.e. at least this amount must be paid by the Fund member. This can be an individual contribution, i.e. paid by the Fund member, or an amount allocated to the health fund from the employer's fringe benefits (e.g. within the corporate cafeteria system, or as a lump sum monthly benefit).

- A tax refund of 20% may be applied to the total amount of the **individual membership fee**, the one-off payments and any donation credited to the individual account, if the Fund member has after-tax income and has no tax debt registered with the state tax authority and has paid the tax in his tax return. The maximum amount of this tax refund is HUF 150,000 per year. The amount of the tax refund is transferred by the state tax authority to the voluntary fund account number provided by the fund member in his tax return.
- **Method of payment of the membership fee:** As a method of paying the individual membership fee, we advise you to select the direct debit order (in *this case also complete the form available at www.otpep.hu under the "Forms" menu*) or bank transfer, but in certain cases it may be quicker to pay by credit card (this option is available at www.otpportalok.hu or via the Simple mobile app). If you choose to pay by cheque, the Fund will send you a cheque to the address provided; however, due to the postal administration, it will take about 2 weeks for the payment to be credited to your account. In addition, you may instruct your employer to regularly deduct and pay membership fees from your net wage to your individual account with the Health Fund. The form recommended by the Fund is available among the forms at www.otpep.hu.
- **Membership fees undertaken and paid by the employer** are also eligible for the 20% tax refund. The membership fee paid as a fringe benefit can be credited by the Fund to the individual account of the Fund member if there is an employment contract between the employer and the Fund. The draft contract can be downloaded from our website (under "Forms" at www.otpep.hu) or can be requested from our customer service.

Payment of membership fee: Depending on the option selected by the new member, the membership payment can be monthly (the most common way to pay membership fees), quarterly (with a minimum prepaid amount of HUF 6,000 / quarter), semi-annual (with a minimum prepaid amount of HUF 12,000 / half-year) or annual (with a minimum prepaid amount of HUF 24,000 / year)

2. Switch Statement

Only to be completed if the new member switches over from another fund. Please name the voluntary mutual insurance fund from which the switch will take place and the membership number at that voluntary fund in order for the Fund to deal with the switch and ensure that the balance of that individual health account is transferred to the new account.

The rules of admission for a member switching from another fund are the same as for new members. The Fund will credit the balance of the switching member's individual account from his earlier voluntary fund to his new individual health account. After that, the switching member is entitled to use the services of the Fund in the same way and on the same terms as the other members.

3. Designation of death beneficiaries

The Fund member can designate a death beneficiary who, in the event of the Fund member's death, becomes entitled to claim the balance of the individual health fund account. The Fund member can designate anyone as a death beneficiary. Designating a death beneficiary is not required, it is only an option, and may be made or modified at any time during the term of the membership using the appropriate form.

All data in this field are required except for the postal address and the phone number (we also recommend that you enter this information to avoid any issues). In the absence of a permanent address, the address of the place of residence shall be entered, even if it cannot be verified with a document. If more than one death beneficiary is designated, the share of each beneficiary shall be indicated in the "Share" field so that the total of the shares is equal to 100% (e.g. 60% -40% or 50%-50% for two beneficiaries). If only one beneficiary is designated, the share will be 100%.

4. Designating close relative(s) entitled to use services

At the expense of the balance of the Fund member's individual account, close relatives designated by the Fund member are also entitled to the health fund services. Details of the relatives can be provided in the admission statement or later on our dedicated form. (The form can be downloaded from our website or can be requested from our customer service.)

Under the prevailing legislation, close relatives are the following: *the spouse, registered partner, direct relatives, adopted children, stepchildren, foster children, adoptive parents, step-parents and foster parents as well as siblings and the common-law spouse*. (Thus, no father-in-law, mother-in-law, brother-in-law, cousin, etc. can be designated.) This field is not required, but only optional; however, if it is filled-in, all data in the field are required. In the absence of a permanent address, the address of the place of residence shall be entered, even if it cannot be verified with a document.

5. Employer's undertaking of payment of the membership fee

To be completed by the Employer! The Employer's data in Section 5 are required if the new member's employer has partially or fully assumed the obligation to pay the membership fee. After providing the information, the Employer shall validate the accuracy of the data and the statements with a duly authorized signature. The Employer shall also make a statement of the month from which the Employer's contribution will be provided to the employee. In addition to paying (transferring) the membership fees undertaken, the Employer shall also send a declaration to the Fund by sending the form "Annex of Employer Transfer" or electronically through the Employer Portal in order to enable the Fund to distribute the amount among the Employer's employees. Please be advised that the amount transferred by the Employer will not be credited to the Members' Account until the employer's declaration is received by the Fund.

If the employer is not yet contracted with the Fund, you must also complete a contract entitled "Contract on the Employer's Contribution to the Voluntary Health Fund", which is available on the Fund's website or can be requested from our customer service.

6. Representations

Existing legislation provides several options for communication between the Fund members and the Fund, which requires your consent. We strongly recommend that you select electronic administration and electronic information (newsletter) in order to manage your Fund-related matters more quickly and efficiently.

Pursuant to Article 11/A (5) of the Voluntary Mutual Insurance Funds Act, the person wishing to join the Fund shall declare whether he is a member of another health fund, mutual fund or health and mutual fund at the time of establishing Fund membership.

7. Signature and witness authentication

After completing the form, the person joining the Fund shall sign the form entitled "Admission Statement" and the identification data sheet. Without the signature, the Fund will not be able to accept the form, nor to complete the admission process.

Providing witness details and authentication with their signatures will be a necessary and indispensable condition if the new member wishes to sign up for electronic data reporting, that is, to obtain the membership document, the Articles of Association or the tax certificate in electronic form.

8. Admission agent's data and declaration of identity

To be completed by the person who identifies and administers the admission of the new member (e.g. customer service representative, financial salesperson, etc.). Upon admission/switch, the Fund's agent or any person acting on behalf of the Fund (e.g. recruiter) shall perform customer identification as required by the Fund's internal regulation on the Prevention and combating of money laundering and terrorist financing, verify the identity of the person applying for membership and the validity of his identification documents, and certify that by signing the Admission Statement and the identification data sheet. For customer identification, Hungarian citizens need to provide the official certificate suitable for certifying personal identity and the official certificate of residential address; foreign nationals need to present the passport or identity card, on condition this authorizes the person to reside in Hungary, or a document certifying the right of residence or a document authorizing the residence in Hungary.

Contact

If possible, please follow our website (www.otpep.hu) where you can find a lot of information about our Fund. You will find, among other things, the general information materials, internal regulations (Articles of Association and Card Usage Rules) of the Fund and all the necessary forms, as well as our contracted partners. At the OTP Portals (after pre-registration) you can get answers to most of your questions regarding your fund account, track your account history, or contact the Fund. Should you have any questions, feel free to call our customer service at 06 1 3666 555 or send an e-mail to info@otpep.hu.

OTP Országos Egészség- és Önségélyező Pénztár