



REPLY FORM UPON DEPARTURE

Form to be completed by the scheme member when he/she leaves service with his/her employer.

Please complete and return this form within 30 days to the DHL EBF.

CHOICE OF THE DESTINATION OF THE VESTED RESERVES

- Option 1 ☐ transfer of the value of my pension account to a pension provider that distributes the total profits amongst the affiliated participants in proportion to their reserves and that limits the costs (see provider of my choice in the attached form).
I acknowledge that by transferring the value of my pension account, neither I nor my beneficiaries will no longer be entitled to any benefit on behalf of the DHL Employee Benefit Fund OFP.

(name selected pension institution)

- Option 2 ☐ transfer of the value of my pension account to the pension provider of my new employer. Please find the data of this pension provider in the attached Form E60, duly completed and signed by my new employer.
I acknowledge that by transferring the value of my pension account, neither I nor my beneficiaries will no longer be entitled to any benefit on behalf of the DHL Employee Benefit Fund OFP.

- Option 3 ☐ transfer of the value of my pension account to the Welcome Structure.
I acknowledge that by transferring the value of my pension account, neither I nor my beneficiaries will be entitled to any benefit on behalf of the DHL Employee Benefit Fund OFP.

- Option 4 ☐ maintain the value of my pension account in the DHL Employee Benefit Fund OFP where it will be invested in accordance with the Life-Cycle principle as described in the applicable scheme rules. The DHL Employee Benefit Fund OFP will contact me when I reach the Normal retirement age of 65 (or 55 for the flying personnel) to inform me about the possibilities provided by the scheme.
Once a year, I will be informed about the value of my account at the DHL Employee Benefit Fund OFP.

SCHEME MEMBER

Name and first name **scheme member:** _____

Date of birth: / /

Place of birth: _____

National number:

Address: _____

Telephone number: _____

DECLARATION OF AGREEMENT

I am aware of my responsibility to notify the DHL Employee Benefit Fund OFP about any change of address.

Signature scheme member

 / /

In view of the management and administration of the DHL Employee Benefit Plan some personal data must be processed either by the employer of the scheme member, or the DHL EBF OFP, or by third party service providers. These personal data will only be processed in view of the afore mentioned purpose of the management and administration of the DHL Employee Benefit Plan. As a scheme member of the DHL Employee Benefit Plan, you have the right of access to and of rectification of these personal data should they be incorrect. You can contact the DHL EBF OFP to have access to/rectify your personal data.