

UNILEVER PENSION PLAN ENROLMENT FORM

It is strongly recommended that you read the 'UPP net pension saving plan member booklet' and consider consulting an independent financial adviser before completing this form.

(Please complete shaded boxes in BLOCK CAPITALS)

Personal details			
First name		Surname	
Date of birth		Place of birth	
Nationality		. Marital status	
UL ID number		· · · · · · · · · · · · · · · · · · ·	
Contribution Choices Select one of the following	ng contribution rates by ti	cking the relevant box below:	
		Regular monthly contributions	
		Your choice of contribution	
	100%	of your age-dependant contribution percentage	
	75%	of your age-dependant contribution percentage	
	50%	of your age-dependant contribution percentage	
	0%	no contribution	
The first of the next month Backdated to the first of the month Bac			
your investment option,		ted in the default investment option (the Annuity LifeCycle). If you want to ch u have received your login details to the UPP member website. To change stment".	
* I have read and unders * I acknowledge that I an * I understand that contr be taken into account [s * I understand that Unile may pass this informat * I understand and agree * I understand and agree much as possible. * I understand that my co * I understand that my ri difference between the * I understand that my in	In voluntarily making these ributions will be based on not this limit will be adjusted of ever, the Directors of the UF ion on to others if necessary on relevant personal inforte on all information regardications will be invested in the second to be information I have received the second to the	PP Netherlands net pension saving plan member booklet. decisions and am fully responsible for the consequences of my actions. ny Pensionable Basic Salary above the salary limit. Only the salary part above the lin	and
Date:		Signed:	