

PARTICIPANT DETAILS

DNI (ID NO.): _____ Name: _____

Surname: _____ Date of birth: _____

Registered address: _____

Postcode: _____ City: _____ Province: _____

Home tel.: _____ Mobile tel.: _____ E-mail: _____

Please remember to send a photocopy of your ID document attached to this application.

CONTRIBUTIONS

The annual amount of contributions may not exceed the limits provided for in the Pension Plans and Funds regulations.

One-off	€	Monthly	€	Quarterly	€	Yearly	€

If contributions are made by the spouse, please provide the following information:

Name of contributing spouse: _____ DNI (ID no.) _____

LEGAL AND REGULAR INFORMATION REGARDING THE PLAN

If you have indicated an e-mail address in the section "Participant's Details", Loreto Mutua will make its communications by this means and through the private area enabled in www.loretomutua.com. Loreto Mutua shall send a biannual report regarding the evolution and status of its economic rights and shall make a quarterly report available at www.loretomutua.com, so that you can consult it whenever you wish. You may also request the submission of this quarterly report or change the form of submission of documentation through the private area, once you have registered.

STATEMENT

The undersigned states that:

1. He/she is formally applying to be a Participant of the Loreto Óptima Personal Pension Plan
2. He/she has received the Basic Data Document and the Plan Regulations prior to signing this application.
3. He/she undertakes to pay the above-mentioned contributions on time and is aware that pursuant to section 1 of Article 12 of the Plan Regulations, the non-payment of contributions in a financial year shall automatically entail the consideration of the Participant in suspension with the consequences set out therein.
4. He/she authorises the Management Company to terminate the periodic contributions set forth in the event of an excess over the legally provided annual contribution limits.
5. In accordance with Article 12.c) of the Plan's Regulations, he/she undertakes to provide the information requested on time, as well as to give notice of any modifications of the data provided.

In _____, on the _____ of _____ of _____

Signed Management Entity/Promoting Entity Signed Depository Entity Signed Participant




The fact sheet, the specifications of the Plan, the rules of operation of the Fund, the declaration of the investment policy, periodic information and other relevant documentation is available at all times at www.loretomutua.com, in the private area and at the address of the Management Entity.

Individual plans do not guarantee returns and there is a possibility of incurring losses.

Non-refundable up to request for payment of benefit for any contingency or exceptional liquidity event.

Basic Personal Data Protection Information

Data controller	Loreto Mutua, Mutualidad de Previsión Social
Purposes	Membership Application I Loreto Óptima. Establishment or maintenance of commercial relationships.
Grounds	Registration/maintenance of the legal relationship with the Pension Plan. Legitimate interest in developing a commercial relationship.
Rights	Access, rectification, erasure, restriction, objection, and portability of the data.
Additional information	Privacy Policy in the General Terms and Conditions on our webpage + Information on page 4 .

A cumplimentar por el acreedor To be completed by the creditor	Referencia de la orden de domiciliación: Mandate referente
	Identificador del acreedor: V82063686 Creditor Identifier
	Nombre del acreedor: FONDLORETO PENSIONES Creditor's name
	Dirección: PASEO DE LA CASTELLANA 40. Address
	Código Postal – Población – Provincia: 28046 MADRID Postal Code – City – Town
	País: ESPAÑA Country

Mediante la firma de esta orden de domiciliación, el deudor autoriza (A) al acreedor a enviar instrucciones a la entidad del deudor para adeudar su cuenta y (B) a la entidad para efectuar los adeudos en su cuenta siguiendo las instrucciones del acreedor. Como parte de sus derechos, el deudor está legitimado al reembolso por su entidad en los términos y condiciones del contrato suscrito con la misma. La solicitud de reembolso deberá efectuarse dentro de las ocho semanas que siguen a la fecha del adeudo en cuenta. Puede obtener información adicional sobre sus derechos en su entidad financiera.

By signing this mandate form, you authorise (A) the Creditor to send instructions to your bank to debit your account and (B) your bank to debit your ac- count in accordance with the instructions from the Creditor. As part of your rights, you are entitled to a refund from your bank under terms and conditions of your agreement with your bank. A refund must be claimed within eight weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

A cumplimentar por el deudor To be completed by the debtor	Nombre del deudor/es / Debtor's name					
	Dirección del deudor / Address of the debtor					
	Código Postal – Población – Provincia / Postal Code – City – Town					
	País del deudor / Country of the debtor					
	Número de cuenta – IBAN / Account number – IBAN					
	Swift BIC (puede contener 8 u 11 posiciones) / Swift BIC (up to 8 or 11 characters)					
	Code IBAN	Code Entity	Code Agency	CD	Account Nº (10 digits)	Code BIC
	En España el IBAN consta de 24 posiciones, comenzando siempre por ES Spanish IBAN of 24 positions, always starting ES					
	Tipo de pago: <input type="checkbox"/> Pago recurrente o <input type="checkbox"/> Pago único Type of Payment <input type="checkbox"/> Recurrent payment <input type="checkbox"/> One-off payment					
Fecha – Localidad: Date – location in which you are signing						
Firma del deudor: Signature of the debtor						

TODOS LOS CAMPOS HAN DE SER CUMPLIMENTADOS OBLIGATORIAMENTE.

UNA VEZ FIRMADA ESTA ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA AL ACREEDOR PARA SU CUSTODIA.

ALL GAPS ARE MANDATORY, ONCE THIS MANDATE HAS BEEN SIGNED MUST BE SENT TO CREDITOR FOR STORAGE.

Contract no. _____

PARTICIPANT DETAILS

DNI (ID NO.): _____

Name: _____ Surname: _____

BENEFICIARIES

In the event of my death, I designate the following individuals as beneficiaries:

Surname and first name (I)	Percentage	Family relationship (if any)	DNI (ID no.)	Telephone no.
	100			

In the event of death of any of the designated beneficiaries, his or her share shall be distributed proportionally among the remaining beneficiaries. In the event of the death of all the above beneficiaries, the following shall be designated:

Surname and first name (I)	Percentage	Date of birth	DNI (ID no.)	Telephone no.

(I) The beneficiary must be a natural person Art. 101.3.e) of RD 304/2004 of 20 February

The undersigned declares that the above information is true, and expressly assumes the responsibilities that may arise from its inaccuracy or falsification.

In _____, on _____ of _____
Signed _____

General data of the Plan:

Plan (N3201) of the individual system and defined contribution modality integrated in FONDOLORETO PENSIONES, FP (F-0563)

Promoting Entity: Loreto Mutua, Mutualidad de Previsión Social (P-2994), Paseo de la Castellana, 40, 28046 Madrid.

Depository Entity: Banco Bilbao Vizcaya Argentaria, S.A. (D-0025) Plaza San Nicolás number 4, 48005 Bilbao.

Management Company: Loreto Mutua, Mutualidad de Previsión Social (G-0124), Paseo de la Castellana, 40, 28046 Madrid.

Tax Information:

Contributions and benefits are taxed as professional income, in accordance with Law 35/2006, of 28 November, regulating Personal Income Tax.

Legal information:

The provisions of the T.R. of the Law on Pension Plans and Funds (R.D. L. 1/2002, of 29 November) and its Regulation (R.D. 304/2004, of 20 February) are applicable to this contract.

Matters relating to this contract are subject to the jurisdiction of the civil courts. Nevertheless, prior to making a legal claim and in accordance with the process set out in the Plan's Regulations, you may, in the first instance, contact the Loreto Óptima Personal Plan Participant's Ombudsman (Mr. Urbano Blanes Aparicio, C/ Gran Vía, 64 -5º Dcha., 28013-Madrid, uba@blanesmunoz.es), and, in the second instance, the Claims Service of the Directorate General of Insurance and Pension Funds.

Submission of legal documentation and other communications:

The preferred means of communication is telematic to the e-mail address indicated in this application. You have the right to request the provision of the plan and pension fund information and documents on paper, as well as to revoke your choice of provision at any time and to choose a different form from those available, at any time through your private area at www.loretomutua.com

Personal Data Protection

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 ("GDPR") and Organic Law 3/2018 of 5 December on the protection of personal data and guarantee of digital rights, we inform you that the personal data provided shall be included in a database owned and controlled by LORETO MUTUA, M.P.S, the purpose of which is to provide the services contracted and maintain a list of the members of the Mutual Society and contributors to the Pension Plan (hereinafter "LORETO MUTUA"), with Spanish company tax ID no. V-28277002; postal address: Paseo de la Castellana 40 - 28046 – Madrid - Spain; and tel. no.: 91 758 96 50. Your data will be held until the interested party requests its deletion and once deleted, the data may be held for a period of 10 years available for the public administration and the courts for responding to and defending any legal claims arising out of the data's processing. For any matter related to the processing of the data of natural persons by LORETO MUTUA, you may contact our Data Protection Officer by sending an email to dpd@loretomutua.com.

You may exercise your rights of access, rectification, erasure, restriction, objection, and portability on the data provided by sending a written request, accompanied by a document demonstrating your identity, to the above specified address or sending an email to dpd@loretomutua.com. You may also withdraw the consent given to LORETO MUTUA for processing the data and make a complaint to the Spanish Data Protection Agency.

To the extent necessary for the purposes expressed above, your data may be transferred to Loreto Inversiones, SGIIC, S.A.U, (hereinafter, LORETO INVERSIONES) a LORETO MUTUA group company (for more information on Loreto Inversiones, please visit www.loretoinversiones.com). Such transfer shall occur under the same purposes, data categories, storage period and similar exercise of rights. You may at any time oppose to this transfer of data by sending an email to dpd@loretomutua.com.

Except for the transfer or disclosure of data established in the previous paragraph, data will not be disclosed or transferred except for the provision of data processing services by third parties as data processors with whom LORETO MUTUA has signed Data Processor agreements where LORETO MUTUA has verified that these third parties provide sufficient guarantees that the appropriate technical and organisational measures will be applied for the processing to occur in accordance with the requirements of the GDPR to guarantee the protection of your rights.

LORETO MUTUA will perform its obligations to keep the personal data confidential and guarantee the adoption of the necessary security measures required by law that guarantee the security of the personal data and safeguard against its alteration, loss, unauthorised processing, or access, taking into account the state of the technology, the nature of the data and the risks it is vulnerable to.

Based on the legitimate interest of the group of LORETO MUTUA and LORETO INVERSIONES, your personal data may be used for establishing or maintaining commercial relationships via any means, including electronic, on information of interest on products and services of the Group. You may object at any time to this processing for commercial purposes by sending an email to dpd@loretomutua.com.

This request for information derives from the legal obligations on tax aspects and prevention of money laundering that Loreto Mutua must comply with, as the managing entity of the pension fund in which the Plan is integrated (Fondloreto Pensiones, FP). Please note that in certain circumstances Loreto Mutua may be required to communicate information regarding its position in the Plan to the appropriate authorities. In addition, there are certain obligations to review the circumstances of each participant and we may need to ask you to update the information you provide on this form.

INFORMATION REGARDING YOUR WORK STATUS

My work situation is as follows:

- ☐ Employee/worker
 ☐ Self-employed
 ☐ Not working
 ☐ Retired
- ☐ Other (please specify):

Please complete if applicable:

Industry:

Company:

Position/Role:

SOURCE OF FUNDS

The assets that I wish to invest in the Loreto Óptima PPP come primarily from

- ☐ Salary
 ☐ Business activity
 ☐ Sale of goods
 ☐ Inheritance/donation
 ☐ Compensation
- ☐ Other (please specify):

PEOPLE WITH PUBLIC RESPONSIBILITY*

Do you or any of your immediate family members currently hold, or held, any public office in the last two years? ¹

- ☐ NO
 ☐ YES

If the above answer is YES, please expand:

Position:

Name and surname of the person holding the position:

What is the family or close relationship?

***Person of Public Responsibility ("PPR"):** As defined in the applicable regulations²The following have the status of PPRs: those persons who perform or have performed public functions in Spain, at a regional, municipal or other level; those who are considered to have a senior position in accordance with the provisions of Article 1 of Law 3/2015; and senior management positions in Spanish trade union or business organisations. "Family relationship" means the spouse or the person linked in a stable manner by an analogous relation of affectivity, as well as the parents and children, and the spouses or persons linked in a stable manner to the children by an analogous relation of affectivity; and "close relationship" means any natural person who is known to own or control a legal instrument or person in conjunction with a PPR, or who has other close business relationships with the PPR, or who owns or controls a legal instrument or person that is known to have been formed for the benefit of the PPR.

STATEMENT

The undersigned declares that all the information contained in this statement is true and I assume the obligation to immediately communicate to Loreto Mutua any changes that may occur with respect to this statement.

In Madrid, on the _____ from _____ from _____

First and last name:

Signature

¹ Loreto Mutua reserves the right to carry out the necessary checks to determine whether the participant is considered a PPR.

² The definition of a person with public responsibility is given by article 14 of Law 10/2010 of 28 April on anti-money laundering and the terrorism financing. Nevertheless, we have included a brief description to make the completion of the form easier. In case of doubt, please refer to the article mentioned.