

MANDATORY PENSION FUND AND FUND MANAGER SELECTION APPLICATION									
A. Personal Data of Participant									
1. Public services number or number of the statement on non-holding a public services number					2. Name		3. Surname		
4. Date of birth		5. Sex	6. Type of personal ID			7. ID number			
8. Citizenship		9. Center of Vital Interests			10. State registration number of Sole Entrepreneur				11. TIN
B. Preferred means of receiving information									
12. Method of receiving				13. Language					
	12.1. Mail			12.2. E-mail			13.1. Armenian		
							13.2. Russian		
							13.3. English		
C. Contact information of participant									
14. Postal index		15. Country	16. Administrative entity		17. County (administrative division)		18. Settlement, street, house (building), apartment		
19. Phone number			20. Mobile phone number			21. E-mail			
D. Selected pension fund and pension fund manager									
22. Selected pension fund and pension fund manager									
	Manager's Name								
	<i>Fund Name</i>								
	<i>Fund Name</i>								
	<i>Fund Name</i>								
	Manager's Name								
	<i>Fund Name</i>								
	<i>Fund Name</i>								
	<i>Fund Name</i>								
		23. Hidden code of fund							
<i>Hereby, I state that I am aware of my liability to make contributions to mandatory funded pension fund,</i> <i>I agree to receive the information from registrar of fund participants by preferred means and address stated in this application,</i> <i>I guarantee to notify the registrar of fund participants about changes in preferred means and contact information as well as in personal data provided in this application.</i> <i>I state that I made the selection in my right mind without any delusion or constrictive influence.</i> <i>I agree with the rules of the fund and the management fee of the pension fund manager selected by me.</i> Participant's/ authorized person's signature _____									
<i>The account operator does not advertise any pension fund and fund manager, does not consult or any other way guide in choosing the fund and fund manager.</i> <i>The account operator is not responsible for a performance of a fund chosen by a participant.</i>									

A fee for processing the application is charged pursuant to account operator tariffs.

24. Date

25. Participant's signature

26. Authorized person's name, surname

27. Authorized person's signature

For filling out the application use the guideline on the reverse side of the application⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒

Guideline for filling out mandatory pension fund and fund manager selection application

- The applicant must indicate in Box 1. “Public services number or number of the statement on non-holding a public services number” the public services number of a participant, while in case of the absence of public services number, the number of the statement on non-holding of a public services number shall be provided (when filling out this box, boxes 2 to 5 will be automatically filled out, if the information system of the registrar of fund participants enables the latter);
- The applicant must indicate in Box 2. “Name” the participant’s name as provided in his/her person identification document;
- The applicant must indicate in Box 3. “Surname” the participant’s surname as provided in his/her person identification document;
- The applicant must indicate in Box 4. “Date of birth” the participant’s date of birth (in day/month/year format) as provided in his/her person identification document, e.g. 13/12/1990;
- The applicant must indicate in Box 5. “Sex” the sex of the participant, as provided in his/her person identification document, e.g. F- female, M-male,
- The applicant must indicate in Box 6. “Type of personal ID” the type of the effective document identifying the person as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999;
- The applicant must indicate in Box 7. “ID number” serial number and number of participant’s effective passport, or identification number of the other effective identification document, if the Box 6. “Type of Personal ID” indicates other document than the passport as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999, or in case the participant is a foreign citizen, then his/her passport’s or other identification document’s number;
- The applicant must indicate in Box 8. “Citizenship” participant’s citizenship as provided in his/her person identification document, in case the participant does not have Citizenship, “A person with no Citizenship” should be filled out.
- The applicant must indicate in Box 9. “Center of Vital Interests” the foreign participant’s center of vital interests (center of vital interests is the place where family or economic interests of a person are concentrated. Family or economic interest is the place where residential house (apartment) of a person is situated, where the person or his/her family reside (place of residence is the place, where the person permanently or mainly lives) and where his/her or his/her family’s main personal/family assets are located, or the place of carrying out his/her main business (professional) activities);
- The applicant must indicate in Box 10. “State registration number of sole entrepreneur” state registration number of a participant who is a sole entrepreneur;
- The applicant must indicate in Box 11. “TIN” taxpayer identification number if the participant is a sole entrepreneur;
- The applicant shall tick with a “V” sign on the left side of the Box 12. “Method of receiving” in order to choose the method of receiving information on pension account from the registrar of fund participants in accordance with the terms and provisions provided by Article 12 of the Law, only one of the options can be chosen: 12.1 “mail” or 12.2 “E-mail”. First time the information in a hardcopy will be mailed to the participant to the address indicated in boxes 14-18 of this application, or if no address is available in this application, the registrar of fund participants will mail the letter to the participant’s address indicated in the state register of residence. The second and consecutive provision of information to the participant is done by means indicated by the participant in this application. In case of providing information in a hardcopy more than once a year or providing any additional information, the registrar of fund participants may charge fee from the participant.
- The applicant shall tick with a “V” sign on the left side of the Box 13. “Language” the preferable language of receiving information from the registrar of fund participants, choosing only one of the options: Box 13.1.

- “Armenian”, Box 13.2 “Russian” or Box 13.3 “English”. If no language is selected, the information will be provided in Armenian;
- The applicant shall indicate in Box 14. “Postal Index” postal index of the participant’s place of residence;
- The applicant shall indicate in Box 15. “Country” participant’s country of residence;
- The applicant shall indicate in Box 16. “Administrative entity” name of the Marz, or in case of Yerevan county “Yerevan” shall be filled out (in case of foreign address the name of foreign Administrative entity shall be filled out) where the participant resides,
- The applicant shall indicate in Box 17. “county (administrative division)” name of the rural or urban county within marz, or administrative division within Yerevan county (in case of foreign address the name of foreign county should be filled out), where the participant resides,
- The applicant shall indicate in Box 18. “Settlement, Street, House (Building), Apartment” the Settlement name (if any), the street, the house (building) and the apartment, where the participant resides;
- Box 19 “Phone number” shall indicate international phone codes and numbers (home, office, mobile) by which the participant can be contacted;
- Box 20 “Mobile phone number” shall indicate international phone codes and mobile numbers by which the participant can be contacted;
- The applicant must indicate in Box 21. “E-mail” the E-mail address of the participant, on which s/he prefers to receive information about his/her pension account from the registrar of fund participants, if Box 12.2 “E-mail” was filled out;
- Box 22 must be filled only by a participant who is in non-anonymity mode. In order to choose a fund of the preferred manager the applicant must tick with a “V” sign on the left side of Box 22. “Selected pension fund and pension fund manager”. Moreover, if with the “V” sign ticked fund manager, then automatically will be selected the first registered conservative fund of a selected manager.
- If the participant is in anonymity mode, that is chooses to keep confidential the pension fund and pension fund manager he/she prefers, then, instead of filling Box 22, Box 23 must be filled. The respective code of a preferred pension fund indicated in the code list provided to the applicant (participant) must be filled in the Box 23.
- In the Box ***“Hereby, I state that I am aware of my liability to make contributions to mandatory funded pension fund, I agree to receive the information from registrar of fund participants by preferred means and address stated in this application, I guarantee to notify the registrar of fund participants about changes in preferred means and contact information as well as in personal data provided in t this application. I state that I made the selection in my right mind without any delusion or constrictive influence. I agree with the rules of the fund and the management fee of the pension fund manager selected by me.*** Participant’s/ authorized person’s signature _____” must be indicated participant’s or his/her authorized person’s signature.
- The applicant must indicate in Box 24. “Date” the date of submission of the application in a day/month/year format, e.g. 13/12/2014;
- The participant must indicate in Box 25. “Participant’s signature” his/her signature, if the participant submits the application to the account operator in a hardcopy, while if the application is filled out and submitted by the authorized person, the box shall not be filled out;
- The authorized person must indicate in Box 26. “Authorized person’s name, surname” his/her name and surname, if the application was provided in a hardcopy to the account operator by the authorized person;
- The authorized person must indicate in Box 27. “Authorized person’s signature” his/her signature, if the application was provided in a hardcopy to the account operator by the authorized person.

PENSION FUND UNITS EXCHANGE APPLICATION									
A. Personal data of participant									
1. Public services number or number of the statement on non-holding a public services number					2. Name		3. Surname		
4. Date of birth		5. Sex		6. Type of personal ID			7. ID number		
8. Citizenship		9. Center of Vital Interests			10. State registration number of Sole Entrepreneur				11. TIN
B. Preferred means of receiving information									
12. Method of receiving					13. Language				
	12.1. Mail			12.2. E-mail			13.1. Armenian		
							13.2. Russian		
							13.3. English		
C. Contact information of participant									
14. Postal index		15. Country		16. Administrative entity		17. County (administrative division)		18. Settlement, street, house (building), apartment	
19. Phone number			20. Mobile phone number			21. E-mail			
D. Exchange information									
22. Mandatory pension fund the units of which the participant wants to redeem as a result of exchange						23. Mandatory pension fund the units of which the participant wants to acquire as a result of exchange			
Manager's Name									
	<i>Fund Name</i>								
	<i>Fund Name</i>								
	<i>Fund Name</i>								
Manager's Name									
	<i>Fund Name</i>								
	<i>Fund Name</i>								
	<i>Fund Name</i>								
		24. Hidden code of mandatory pension fund the units of which the participant wants to redeem as a result of exchange						25. Hidden code of a mandatory pension fund the units of which the participant wants to acquire as a result of exchange	
		26.1. Number of units the participant wants to redeem as a result of exchange						26.2. All units	
<i>I agree with ... percent redemption fee, which is ... AMD at the moment of filling the application.</i> <i>I state that I made the selection in my right mind without any delusion or constrictive influence.</i> <i>I agree with the rules of the fund and the management fee of the pension fund manager selected by me. *</i> <i>Participant's/ authorized person's signature</i> _____									

* Account operator or its employees are prohibited to advertise any pension fund or pension fund manager, consult or otherwise guide you on selecting any pension fund or pension fund manager (Article 10, part 6 of RA Law on Funded pensions).

*The account operator does not advertise any pension fund and fund manager, does not consult or any other way guide in choosing the fund and fund manager.
The account operator is not responsible for a performance of a fund chosen by a participant.
A fee for processing the application is charged pursuant to account operator tariffs.*

27. Date	28.Participant's signature	29. Authorized person's name, surname	30. Authorized person's signature
For filling out the application use the guideline on the reverse side of the application⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒			

Guideline for filling out pension fund units exchange application

- The applicant must indicate in Box 1. “Public services number or number of the statement on non-holding a public services number” the public services number of a participant, while in case of the absence of public services number, the number of the statement on non-holding of a public services number shall be provided (when filling out this box, boxes 2 to 5 will be automatically filled out, if the information system of the registrar of fund participants enables the latter);
- The applicant must indicate in Box 2. “Name” the participant’s name as provided in his/her person identification document;
- The applicant must indicate in Box 3. “Surname” the participant’s surname as provided in his/her person identification document;
- The applicant must indicate in Box 4. “Date of birth” the participant’s date of birth (in day/month/year format) as provided in his/her person identification document, e.g. 13/12/1990;
- The applicant must indicate in Box 5. “Sex” the sex of the participant, as provided in his/her person identification document, e.g. F- female, M-male,
- The applicant must indicate in Box 6. “Type of personal ID” the type of the effective document identifying the person as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999;
- The applicant must indicate in Box 7. “ID number” serial number and number of participant’s effective passport, or identification number of the other effective identification document, if the Box 6. “Type of Personal ID” indicates other document than the passport as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999, or in case the participant is a foreign citizen, then his/her passport’s or other identification document’s number;
- The applicant must indicate in Box 8. “Citizenship” participant’s citizenship as provided in his/her person identification document, in case the participant does not have Citizenship, “A person with no Citizenship” should be filled out.
- The applicant must indicate in Box 9. “Center of Vital Interests” the foreign participant’s center of vital interests (center of vital interests is the place where family or economic interests of a person are concentrated. Family or economic interest is the place where residential house (apartment) of a person is situated, where the person or his/her family reside (place of residence is the place, where the person permanently or mainly lives) and where his/her or his/her family’s main personal/family assets are located, or the place of carrying out his/her main business (professional) activities);
- The applicant must indicate in Box 10. “State registration number of sole entrepreneur” state registration number of a participant who is a sole entrepreneur;
- The applicant must indicate in Box 11. “TIN” taxpayer identification number if the participant is a sole entrepreneur;
- The applicant shall tick with a “V” sign on the left side of the Box 12. “Method of receiving” in order to choose the method of receiving information on pension account from the registrar of fund participants in accordance with the terms and provisions provided by Article 12 of the Law, only one of the options can be chosen: 12.1 “mail” or 12.2 “E-mail”. First time the information in a hardcopy will be mailed to the participant to the address indicated in boxes 14-18 of this application, or if no address is available in this application, the registrar of fund participants will mail the letter to the participant’s address indicated in the state register of residence. The second and consecutive provision of information to the participant is done by means indicated by the participant in this application. In case of providing information in a hardcopy more than once a year or providing any additional information, the registrar of fund participants may charge fee from the participant.
- The applicant shall tick with a “V” sign on the left side of the Box 13. “Language” the preferable language of receiving information from the registrar of fund participants, choosing only one of the options: Box 13.1. “Armenian”, Box 13.2 “Russian” or Box 13.3 “English”. If no language is selected, the information will be provided in Armenian;
- The applicant shall indicate in Box 14. “Postal Index” postal index of the participant’s place of residence;
- The applicant shall indicate in Box 15. “Country” participant’s country of residence;

- The applicant shall indicate in Box 16. “Administrative entity” name of the Marz, or in case of Yerevan county “Yerevan” shall be filled out (in case of foreign address the name of foreign Administrative entity shall be filled out) where the participant resides,
- The applicant shall indicate in Box 17. “county (administrative division)” name of the rural or urban county within marz, or administrative division within Yerevan county (in case of foreign address the name of foreign county should be filled out), where the participant resides,
- The applicant shall indicate in Box 18. “Settlement, Street, House (Building), Apartment” the Settlement name (if any), the street, the house (building) and the apartment, where the participant resides;
- Box 19 “Phone number” shall indicate international phone codes and numbers (home, office, mobile) by which the participant can be contacted;
- Box 20 “Mobile phone number” shall indicate international phone codes and mobile numbers by which the participant can be contacted;
- The applicant must indicate in Box 21. “E-mail” the E-mail address of the participant, on which s/he prefers to receive information about his/her pension account from the registrar of fund participants, if Box 12.2 “E-mail” was filled out;
- The applicant must tick with a “V” sign on the left side of Box 22. “Mandatory pension fund the shares of which the participant wants to redeem as a result of exchange”, to confirm the pension fund the shares of which he/she wants to redeem as a result of exchange: the participant can choose only one fund of one pension fund manager which are listed by alphabetical order in that field (selection of two or more pension funds is prohibited);
- The applicant must tick with a “V” sign on the left side of Box 23. “Mandatory pension fund the shares of which the participant wants to acquire as a result of exchange”, to confirm the pension fund the shares of which he/she wants to acquire as a result of exchange: the participant can choose only one fund of one pension fund manager which are listed by alphabetical order in that field (selection of two or more pension funds is prohibited);
- If the participant chooses to keep confidential the pension fund and pension fund manager the shares of which he/she wants to redeem, then, instead of selecting Box 22, respective code of one preferred pension fund indicated in the code list provided to the applicant (participant) must be filled out in Box 24.
- If the participant chooses to keep confidential the pension fund and pension fund manager the shares of which he/she wants to acquire, then, instead of selecting Box 23, respective code of one preferred pension fund indicated in the code list provided to the applicant (participant) must be filled out in Box 25.
- The applicant must indicate in Box 26 “Number of shares the participant wants to redeem as a result of exchange” the number of shares he/she wants to redeem as a result of exchange.
- When filling boxes 22 to 26 in the Box “*I agree with ... percent redemption fee, which is ... AMD at the moment of filling the application. I state that I made the selection in my right mind without any delusion or constrictive influence. I agree with the rules of the fund and the management fee of the pension fund manager selected by me. Participant’s/ authorized person’s signature _____*” the redemption fee of mandatory pension fund (the units of which the participant wants to redeem as a result of exchange), shown both in percentage of redeemed unit value and in AMD at the moment of filling the application, will be filled automatically by the system. In this box must be indicated the participant’s or his/her authorized person’s signature.
- The applicant must indicate in Box 27. “Date” the date of submission of the application in a day/month/year format, e.g. 13/12/2014;
- The participant must indicate in Box 28. “participant’s signature” his/her signature, if the participant submits the application to the account operator in a hardcopy, while if the application is filled out and submitted by the authorized person, the box shall not be filled out;
- The authorized person must indicate in Box 29. “Authorized person’s name, surname” his/her name and surname, if the application was provided in a hardcopy to the account operator by the authorized person;
- The authorized person must indicate in Box 30. “Authorized person’s signature” his/her signature, if the application was provided in a hardcopy to the account operator by the authorized person.

[illegible]

Guideline for filling out application for receiving pension account balance for choosing pension program

- The applicant must indicate in Box 1. “Public services number or number of the statement on non-holding a public services number” the public services number of a participant, while in case of the absence of public services number, the number of the statement on non-holding a public services number shall be provided (when filling out this box, boxes 2 to 21 will be filled out automatically, if the information system of the registrar of fund participants enables the latter);
- The applicant must indicate in Box 2. “First name” the participant’s first name as provided in his/her person identification document;
- The applicant must indicate in Box 3. “Last name” the participant’s last name as provided in his/her person identification document;
- The applicant must indicate in Box 4. “Date of birth” the participant’s date of birth (in day/month/year format) as provided in his/her person identification document, e.g. 13/12/1990;
- The applicant must indicate in Box 5. “Sex” the sex of the participant, as provided in his/her person identification document, e.g. F- female, M-male;
- The applicant must indicate in Box 6. “Type of personal ID” the type of the effective document identifying the person as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999;
- The applicant must indicate in Box 7. “ID number” serial number and number of participant’s effective passport, or identification number of the other effective identification document, if the Box 6. “Type of Personal ID” indicates other document than the passport as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999, or in case the participant is a foreign citizen, then his/her passport’s or other identification document’s number;
- The applicant must indicate in Box 8. “Citizenship” participant’s citizenship as provided in his/her person identification document, in case the participant does not have Citizenship, “A person with no Citizenship” should be filled out;
- The applicant must indicate in Box 9. “Center of Vital Interests” the foreign participant’s center of vital interests (center of vital interests is the place where family or economic interests of a person are concentrated. Family or economic interest is the place where residential house (apartment) of a person is situated, where the person or his/her family reside (place of residence is the place, where the person permanently or mainly lives) and where his/her or his/her family’s main personal/family assets are located, or the place of carrying out his/her main business (professional) activities);
- The applicant must indicate in Box 10. “State registration number of sole entrepreneur” state registration number of a participant who is a sole entrepreneur;
- The applicant must indicate in Box 11. “TIN” taxpayer identification number if the participant is a sole entrepreneur;
- The applicant shall tick with a “V” sign on the left side of the Box 12. “Method of receiving” in order to choose the method of receiving information from the registrar of fund participants, only one of the options can be chosen: 12.1 “mail” or 12.2 “E-mail”;
- The applicant shall tick with a “V” sign on the left side of the Box 13. “Language” the preferable language of receiving information from the registrar of fund participants, choosing only one of the options: Box 13.1.

- “Armenian”, Box 13.2 “Russian” or Box 13.3 “English”. If no language is selected, the information will be provided in Armenian;
- The applicant shall indicate in Box 14. “Postal Index” postal index of the participant’s place of residence;
- The applicant shall indicate in Box 15. “Country” participant’s country of residence;
- The applicant shall indicate in Box 16. “Administrative entity” name of the Marz, or in case of Yerevan county “Yerevan” shall be filled out (in case of foreign address the name of foreign Administrative entity shall be filled out) where the participant resides;
- The applicant shall indicate in Box 17. “county (administrative division)” name of the rural or urban county within marz, or administrative division within Yerevan county (in case of foreign address the name of foreign county should be filled out), where the participant resides;
- The applicant shall indicate in Box 18. “Settlement, Street, House (Building), Apartment” the Settlement name (if any), the street, the house (building) and the apartment, where the participant resides;
- Box 19 “Phone number” shall indicate international phone codes and numbers (home, office, mobile) by which the participant can be contacted;
- Box 20 “Mobile phone number” shall indicate international phone codes and mobile numbers by which the participant can be contacted;
- The applicant must indicate in Box 21. “E-mail” the E-mail address of the participant, on which s/he prefers to receive information from the registrar of fund participants, if Box 12.2 “E-mail” was filled out;
- The applicant must tick with a “V” sign on the left side of Box 22. “Selected Pension Fund”, to confirm any selected mandatory pension fund: the participant can choose only one fund of one pension fund manager which are listed by alphabetical order in that field (selection of two or more pension funds is prohibited);
- If the participant chooses to keep confidential the pension fund and pension fund manager s/he has preferred, then, instead of selecting Box 22, respective code of one preferred pension fund indicated in the code list provided to the applicant (participant) must be filled out in Box 23;
- The applicant must indicate in Box 24. “Date” the date of submission of the application in a day/month/year format, e.g. 13/12/2014;
- The participant must indicate in Box 25. “participant’s signature” his/her signature, if the participant submits the application to the account operator in a hardcopy, while if the application is filled out and submitted by the authorized person, the box shall not be filled out;
- The authorized person must indicate in Box 26. “Authorized person’s name, surname” his/her name and surname, if the application was provided in a hardcopy to the account operator by the authorized person;
- The authorized person must indicate in Box 27. “Authorized person’s signature” his/her signature, if the application was provided in a hardcopy to the account operator by the authorized person.

APPLICATION FOR CHOOSING PENSION PROGRAM									
A. PERSONAL DATA OF PARTICIPANT									
1. Public services number or number of the statement on non-holding a public services number					2. First name			3. Last name	
4. Date of birth		5. Sex	6. Type of personal ID				7. ID number		
8. Citizenship		9. Center of Vital Interests			10. State registration number of Sole Entrepreneur				11. TIN
B. PREFERRED MEANS OF RECEIVING INFORMATION									
12. Method of receiving				13. Language					
	12.1. Mail			12.2. E-mail			13.1. Armenian		
							13.2. Russian		
							13.3. English		
C. CONTACT INFORMATION OF PARTICIPANT									
14. Postal index		15. Country	16. Administrative entity		17. County (administrative division)			18. Settlement, street, house (building), apartment	
19. Phone number			20. Mobile phone number			21. E-mail			
D. THE METHODS AND MEANS OF RECEIVING PENSION									
<i>Monthly payment < ... AMD (0.75 basic pension)</i>									
22. The mean of receiving pension (only one method can be chosen).									
	22.1. Annuity								
	22.2. Program withdrawals								
Minimum time period for getting program withdrawals is ... years.					22.3. Additional time period (years)				
	22.4. Lump sum payment								
23. The mean of receiving pension in percents (several methods can be chosen).									
	23.1. Annuity								
	23.2. Program withdrawals								
Minimum time period for getting program withdrawals is ... years.					23.3. Additional time period (years)				
	23.4. Lump sum payment								
<i>... AMD (0.75 basic pension) < Monthly payment < ... AMD (5 basic pension)</i>									
24. Annuity									
	24.1. All								
<i>Monthly payment > ... AMD (5 basic pension)</i>									
25. Annuity									

	25.1. All		
	25.2. Minimum (5 basic pension)		
	25.3. Partly	25.4. Amount (in AMD)	
26. Program withdrawals			
	26.1. All remainder		
	26.2. Partly (from remainder)	26.3. Amount (in percents)	
Minimum time period for getting program withdrawals is ... years.		26.4. Additional time period (years)	
27. Lump Sum payment			
	27.1. All remainder		
	27.2. Partly (from remainder)	27.3. Amount (in percents)	
28. Insurance company name		29. Insurance policy number	
30. Bank account number		31. Bank name	
<i>The account operator does not advertise any pension fund and fund manager, does not consult or any other way guide in choosing the fund and fund manager.</i> <i>The account operator is not responsible for a performance of a fund chosen by a participant.</i> <i>A fee for processing the application is charged pursuant to account operator tariffs.</i>			
32. Date	33. Participant's signature	34. Authorized person's name and surname	35. Authorized person's signature
For filling out the application use the guideline on the reverse side of the application⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒			

Guideline for filling out the application for choosing pension program

- The applicant must indicate in Box 1. “Public services number or number of the statement on non-holding a public services number” the public services number of a participant, while in case of the absence of public services number, the number of the statement on non-holding a public services number shall be provided (when filling out this box, boxes 2 to 21 will be filled out automatically, if the information system of the registrar of fund participants enables the latter);
- The applicant must indicate in Box 2. “First name” the participant’s first name as provided in his/her person identification document;
- The applicant must indicate in Box 3. “Last name” the participant’s last name as provided in his/her person identification document;
- The applicant must indicate in Box 4. “Date of birth” the participant’s date of birth (in day/month/year format) as provided in his/her person identification document, e.g. 13/12/1990;
- The applicant must indicate in Box 5. “Sex” the sex of the participant, as provided in his/her person identification document, e.g. F- female, M-male;
- The applicant must indicate in Box 6. “Type of personal ID” the type of the effective document identifying the person as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999;
- The applicant must indicate in Box 7. “ID number” serial number and number of participant’s effective passport, or identification number of the other effective identification document, if the Box 6. “Type of Personal ID” indicates other document than the passport as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999, or in case the participant is a foreign citizen, then his/her passport’s or other identification document’s number;
- The applicant must indicate in Box 8. “Citizenship” participant’s citizenship as provided in his/her person identification document, in case the participant does not have Citizenship, “A person with no Citizenship” should be filled out;
- The applicant must indicate in Box 9. “Center of Vital Interests” the foreign participant’s center of vital interests (center of vital interests is the place where family or economic interests of a person are concentrated. Family or economic interest is the place where residential house (apartment) of a person is situated, where the person or his/her family reside (place of residence is the place, where the person permanently or mainly lives) and where his/her or his/her family’s main personal/family assets are located, or the place of carrying out his/her main business (professional) activities);
- The applicant must indicate in Box 10. “State registration number of sole entrepreneur” state registration number of a participant who is a sole entrepreneur;
- The applicant must indicate in Box 11. “TIN” taxpayer identification number if the participant is a sole entrepreneur;
- The applicant shall tick with a “V” sign on the left side of the Box 12. “Method of receiving” in order to choose the method of receiving information from the registrar of fund participants, only one of the options can be chosen: 12.1 “mail” or 12.2 “E-mail”;
- The applicant shall tick with a “V” sign on the left side of the Box 13. “Language” the preferable language of receiving information from the registrar of fund participants, choosing only one of the options: Box 13.1. “Armenian”, Box 13.2 “Russian” or Box 13.3 “English”. If no language is selected, the information will be provided in Armenian;
- The applicant shall indicate in Box 14. “Postal Index” postal index of the participant’s place of residence;
- The applicant shall indicate in Box 15. “Country” participant’s country of residence;
- The applicant shall indicate in Box 16. “Administrative entity” name of the Marz, or in case of Yerevan county “Yerevan” shall be filled out (in case of foreign address the name of foreign Administrative entity shall be filled out) where the participant resides;

- The applicant shall indicate in Box 17. “county (administrative division)” name of the rural or urban county within marz, or administrative division within Yerevan county (in case of foreign address the name of foreign county should be filled out), where the participant resides;
- The applicant shall indicate in Box 18. “Settlement, Street, House (Building), Apartment” the Settlement name (if any), the street, the house (building) and the apartment, where the participant resides;
- Box 19 “Phone number” shall indicate international phone codes and numbers (home, office, mobile) by which the participant can be contacted;
- Box 20 “Mobile phone number” shall indicate international phone codes and mobile numbers by which the participant can be contacted;
- The applicant must indicate in Box 21. “E-mail” the E-mail address of the participant, on which s/he prefers to receive information from the registrar of fund participants, if Box 12.2 “E-mail” was filled out;
- The Boxes 22-23 must be filled out by the participants whose total funds (funds on pension account and funds received from guarantee fund), if converted into monthly payments are less than 0.75 basic pension. The applicant shall tick with a “V” sign on the left side of the Box 22. “The mean of receiving pension (only one method can be chosen)” the preferable mean of receiving pension, choosing only one of the options: Box 22.1. “Annuity”, Box 22.2 “Program withdrawals” or Box 22.4 “Lump sum payment”. If the applicant wants to get his/her pension in a form of program withdrawals and if in addition to minimum number of years defined by Law wants to get program withdrawals during additional years then in the Box “22.3. Additional time period (years)” must be filled the number of years in addition to minimum number of years, during which the participant wants to get a pension. If the applicant wants to get his/her pension in several ways then the Box “23. The mean of receiving pension in percents (several methods can be chosen)” should be filled. The applicant must indicate in the Boxes “23.1. Annuity”, “23.2. Program withdrawals”, “23.4. Lump sum payment” the corresponding percentages he/she wants to get as a pension in a specified way. If the applicant wants to get his/her pension in two ways, than for the third option he/she should indicate “0”. The sum of Boxes “23.1. Annuity”, “23.2. Program withdrawals” and “23.4. Lump sum payment” must be 100. If the applicant wants to get a part of his/her pension in a form of program withdrawals and if in addition to minimum number of years defined by Law wants to get program withdrawals during additional years then in the Box “23.3. Additional time period (years)” must be filled the number of years in addition to minimum number of years, during which the participant wants to get a pension.
- The Boxes 24 and 24.1 must be filled out by participants whose total funds (funds on pension account and funds received from guarantee fund), if converted into monthly payments is between 0.75 and 5 basic pension. According to the law, if the participant’s total funds (funds on pension account and funds received from guarantee fund) converted into monthly payments is between 0.75 and 5 basic pension, than the participant is obliged to get his/her pension only in a way of annuity. In this case the applicant shall tick with a “V” sign in the Box “24.1. All”.
- The Boxes 25-27 must be filled by participants whose total funds (funds on pension account and funds received from guarantee fund), if converted into monthly payments is more than 5 basic pension. “25.1. All” box should be ticked if a participant wants to get his/her pension only through annuity. “25.2. Minimum (5 basic pension)” box must be ticked, if the participant is obliged to get a part providing fivefold basic pension of his/her pension in a way of annuity. “25.3. Partypension” box should be thicked if a participant wants to get a part providing more than fivefold basic pension of his/her pension through annuity. In the Box “25.4. Amount (in AMD)” the applicant should fill out the amount of money in AMD he/she wants to get as annuity. In the Box “26. Program withdrawals” and Box “27. Lump Sum payment” must be filled the way an applicant wants to get the remainder from annuity. “26.1. All remainder” box must be ticked if a participant wants to get the remainder over 5 times basic pension of his/her pension through program withdrawals. If the participant wants to get a part

of a remainder (from annuity) through program withdrawals than “26.2. Partly (from remainder)” box should be thicked. In the Box “26.3. Amount (in percents)” the applicant should fill the amount in percents he/she wants to get as program withdrawals. If the applicant wants to get a remainder of his/her pension (from annuity) or a part of remainder (from annuity) in a form of program withdrawals and if in addition to minimum number of years defined by Law wants to get program withdrawals during additional years then in the Box “26.4. Additional time period (years)” must be filled the number of years in addition to minimum number of years, during which the participant wants to get a pension in a form of program withdrawals. In the Box “27. Lump sum payment” “27.1. All remainder” box must be ticked if a participant wants to get the remainder of his/her pension (from annuity) through lump sum payment. If an applicant wants to get a part from remainder (from annuity) in a way of lump sum payment then “27.2. Partly (from remainder)” box should be thicked. In the Box “27.3. Amount (in percent)” the applicant should fill out the amount in percents he/she wants to get as a lump sum payment.

➤ In the Box “28. Insurance company name” the applicant must indicate the name of the insurance company with whom the annuity contract is signed;

➤ In the Box “29. Insurance policy number” the applicant must indicate the number of the insurance policy signed between the insurance company (mentioned in the Box 28) and the participant;

➤ If the participant chose to get his/her pension or a part of it in a way of lump sum payment or program withdrawals then in Box 30. Bank account number” must be indicated the bank account number on which he/she

wants to get the pension. If the participant chose to get his/her pension only in a way of annuity, then Box “30. Bank account number” shall not be filled in;

➤ If the participant chose to get his/her pension or a part of it in a way of lump sum payment or program withdrawals then in Box “31. Bank name” must be indicated the name of a bank where the bank account indicated in Box 30 is. If the participant chose to get his/her pension only in a way of annuity, then Box “31. Bank name” shall not be filled in;

➤ The applicant must indicate in Box 32. “Date” the date of submission of the application in a day/month/year format, e.g. 13/12/2014;

➤ The participant must sign in Box 33. “Participant’s signature”, if the participant submits the application to the account operator in a hardcopy, while if the application is filled out and submitted by the authorized person, the box shall not be filled out;

➤ The authorized person must indicate in Box 34. “Authorized person’s name, surname” his/her name and surname, if the application was provided in a hardcopy to the account operator by the authorized person;

➤ The authorized person must indicate in Box 35. “Authorized person’s signature” his/her signature, if the application was provided in a hardcopy to the account operator by the authorized person.

APPLICATION FOR RECEIVING LUMP SUM PAYMENT BEFORE PENSION AGE									
A. PERSONAL DATA OF PARTICIPANT									
1. Public services number or number of the statement on non-holding a public services number					2. First name		3. Last name		
4. Date of birth		5. Sex	6. Type of personal ID				7. ID number		
8. Citizenship		9. Center of Vital Interests			10. State registration number of Sole Entrepreneur				11. TIN
B. PREFERRED MEANS OF RECEIVING INFORMATION									
12. Method of receiving				13. Language					
	12.1. Mail			12.2. E-mail			13.1. Armenian		
							13.2. Russian		
							13.3. English		
C. CONTACT INFORMATION OF PARTICIPANT									
14. Postal index		15. Country	22. Administrative entity		17. County (administrative division)		18. Settlement, street, house (building), apartment		
19. Phone number			20. Mobile phone number			21. E-mail			
D. THE BASES FOR RECEIVING LUMP SUM PAYMENT									
22. The base for receiving lump sum payment									
	Disability								
	Health								
23. The name of the document				24. Issuer of the document			25. The reference number		26. Date of issue
27. Bank account number				28. Bank name					
<i>The account operator does not advertise any pension fund and fund manager, does not consult or any other way guide in choosing the fund and fund manager.</i> <i>The account operator is not responsible for a performance of a fund chosen by a participant.</i> <i>A fee for processing the application is charged pursuant to account operator tariffs.</i>									
29. Date		30. Participant's signature			31. Authorized person's name and surname			32. Authorized person's signature	
For filling out the application use the guideline on the reverse side of the application⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒									

Guideline for filling out application for receiving lump sum payment before pension age

- The applicant must indicate in Box 1. “Public services number or number of the statement on non-holding a public services number” the public services number of a participant, while in case of the absence of public services number, the number of the statement on non-holding a public services number shall be provided (when filling out this box, boxes 2 to 21 will be filled out automatically, if the information system of the registrar of fund participants enables the latter);
- The applicant must indicate in Box 2. “First name” the participant’s first name as provided in his/her person identification document;
- The applicant must indicate in Box 3. “Last name” the participant’s last name as provided in his/her person identification document;
- The applicant must indicate in Box 4. “Date of birth” the participant’s date of birth (in day/month/year format) as provided in his/her person identification document, e.g. 13/12/1990;
- The applicant must indicate in Box 5. “Sex” the sex of the participant, as provided in his/her person identification document, e.g. F- female, M-male;
- The applicant must indicate in Box 6. “Type of personal ID” the type of the effective document identifying the person as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999;
- The applicant must indicate in Box 7. “ID number” serial number and number of participant’s effective passport, or identification number of the other effective identification document, if the Box 6. “Type of Personal ID” indicates other document than the passport as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999, or in case the participant is a foreign citizen, then his/her passport’s or other identification document’s number;
- The applicant must indicate in Box 8. “Citizenship” participant’s citizenship as provided in his/her person identification document, in case the participant does not have Citizenship, “A person with no Citizenship” should be filled out;
- The applicant must indicate in Box 9. “Center of Vital Interests” the foreign participant’s center of vital interests (center of vital interests is the place where family or economic interests of a person are concentrated. Family or economic interest is the place where residential house (apartment) of a person is situated, where the person or his/her family reside (place of residence is the place, where the person permanently or mainly lives) and where his/her or his/her family’s main personal/family assets are located, or the place of carrying out his/her main business (professional) activities);
- The applicant must indicate in Box 10. “State registration number of sole entrepreneur” state registration number of a participant who is a sole entrepreneur;
- The applicant must indicate in Box 11. “TIN” taxpayer identification number if the participant is a sole entrepreneur;
- The applicant shall tick with a “V” sign on the left side of the Box 12. “Method of receiving” in order to choose the method of receiving information from the registrar of fund participants, only one of the options can be chosen: 12.1 “mail” or 12.2 “E-mail”;
- The applicant shall tick with a “V” sign on the left side of the Box 13. “Language” the preferable language of receiving information from the registrar of fund participants, choosing only one of the options: Box 13.1. “Armenian”, Box 13.2 “Russian” or Box 13.3 “English”. If no language is selected, the information will be provided in Armenian;
- The applicant shall indicate in Box 14. “Postal Index” postal index of the participant’s place of residence;
- The applicant shall indicate in Box 15. “Country” participant’s country of residence;

- The applicant shall indicate in Box 16. “Administrative entity” name of the Marz, or in case of Yerevan county “Yerevan” shall be filled out (in case of foreign address the name of foreign Administrative entity shall be filled out) where the participant resides;
 - The applicant shall indicate in Box 17. “county (administrative division)” name of the rural or urban county within marz, or administrative division within Yerevan county (in case of foreign address the name of foreign county should be filled out), where the participant resides;
 - The applicant shall indicate in Box 18. “Settlement, Street, House (Building), Apartment” the Settlement name (if any), the street, the house (building) and the apartment, where the participant resides;
 - Box 19 “Phone number” shall indicate international phone codes and numbers (home, office, mobile) by which the participant can be contacted;
 - Box 20 “Mobile phone number” shall indicate international phone codes and mobile numbers by which the participant can be contacted;
 - The applicant must indicate in Box 21. “E-mail” the E-mail address of the participant, on which s/he prefers to receive information from the registrar of fund participants, if Box 12.2 “E-mail” was filled out;
 - On the left side of the Box “22. The base for receiving lump sum payment” the applicant shall tick with a “V” sign, one of the options that is base for receiving a lump sum payment. Furthermore, “disability” option can be chosen only if prior to retirement age the participant according to the law was recognized a disabled man of the third category, “health” option can be chosen only if prior to retirement age the participant has extremely serious health condition;
 - The applicant must indicate in Box 23. “The name of the document” the name of the supportive document which is attached to the application;
 - The applicant must indicate in Box 24. “Issuer of the document” the name of the issuer of the document mentioned in the Box 23;
 - The applicant must indicate in the Box 25 “The reference number” the reference number of the supportive document mentioned in the Box 23;
 - The applicant must indicate in the Box 26 “Date of issue” the date when the document mentioned in the Box 23 was issued;
 - The applicant must indicate in Box 27. “Bank account number” his/her bank account number, which is opened in the bank operating in the RA territory, on which he/she wants the registrar of fund participants send the money resulted from the redemption of the units on his/her pension account;
 - The applicant must indicate in Box 28. “Bank name” the name of a bank where the bank account indicated in Box 27 is;
 - The applicant must indicate in Box 29. “Date” the date of submission of the application in a day/month/year format, e.g. 13/12/2014;
 - The participant must indicate in Box 30. “Participant’s signature” his/her signature, if the participant submits the application to the account operator in a hardcopy, while if the application is filled out and submitted by the authorized person, the box shall not be filled out;
- The authorized person must indicate in Box 31. “Authorized person’s name, surname” his/her name and surname, if the application was provided in a hardcopy to the account operator by the authorized person;
- The authorized person must indicate in Box 32. “Authorized person’s signature” his/her signature, if the application was provided in a hardcopy to the account operator by the authorized person.

APPLICATION FOR TRANSFERING PARTICIPANT’S FUNDS TO FOREIGN PENSION SYSTEM															
A. PERSONAL DATA OF PARTICIPANT															
1. Public services number or number of the statement on non-holding a public services number					2. First name		3. Last name								
4. Date of birth		5. Sex		6. Type of personal ID			7. ID number								
8. Citizenship		9. Center of Vital Interests			10. State registration number of Sole Entrepreneur				11. TIN						
B. PREFERRED MEANS OF RECEIVING INFORMATION															
12. Method of receiving				13. Language											
	12.1. Mail			12.2. E-mail				13.1. Armenian			13.2. Russian			13.3. English	
C. CONTACT INFORMATION OF PARTICIPANT															
14. Postal index		15. Country		16.Administrative entity			17. County (administrative division)			18. Settlement, street, house (building), apartment					
19. Phone number				20. Mobile phone number				21. E-mail							
D. THE BASES FOR RECEIVING LUMP SUM PAYMENT															
22. The base for receiving lump sum payment															
	22.1. Citizenship change														
	22.2. Foreigner departure														
23. The name of the supportive document					24. Issuer of the document				25. The reference number			26. Date of issue			
27. Receiver name			28. Bank account number			29. Bank name				30. Bank SWIFT/BIC code			31. Currency		
<i>The account operator does not advertise any pension fund and fund manager, does not consult or any other way guide in choosing the fund and fund manager. The account operator is not responsible for a performance of a fund chosen by a participant. A fee for processing the application is charged pursuant to account operator tariffs.</i>															
32. Date			33. Participant’s signature			34. Authorized person’s name and surname				35. Authorized person’s signature					
For filling out the application use the guideline on the reverse side of the application⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒															

Guideline for filling out application for transferring participant's funds to foreign pension system

- The applicant must indicate in Box 1. “Public services number or number of the statement on non-holding a public services number” the public services number of a participant, while in case of the absence of public services number, the number of the statement on non-holding a public services number shall be provided (when filling out this box, boxes 2 to 21 will be filled out automatically, if the information system of the registrar of fund participants enables the latter);
- The applicant must indicate in Box 2. “First name” the participant’s first name as provided in his/her person identification document;
- The applicant must indicate in Box 3. “Last name” the participant’s last name as provided in his/her person identification document;
- The applicant must indicate in Box 4. “Date of birth” the participant’s date of birth (in day/month/year format) as provided in his/her person identification document, e.g. 13/12/1990;
- The applicant must indicate in Box 5. “Sex” the sex of the participant, as provided in his/her person identification document, e.g. F- female, M-male;
- The applicant must indicate in Box 6. “Type of personal ID” the type of the effective document identifying the person as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999;
- The applicant must indicate in Box 7. “ID number” serial number and number of participant’s effective passport, or identification number of the other effective identification document, if the Box 6. “Type of Personal ID” indicates other document than the passport as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999, or in case the participant is a foreign citizen, then his/her passport’s or other identification document’s number;
- The applicant must indicate in Box 8. “Citizenship” participant’s citizenship as provided in his/her person identification document, in case the participant does not have Citizenship, “A person with no Citizenship” should be filled out;
- The applicant must indicate in Box 9. “Center of Vital Interests” the foreign participant’s center of vital interests (center of vital interests is the place where family or economic interests of a person are concentrated. Family or economic interest is the place where residential house (apartment) of a person is situated, where the person or his/her family reside (place of residence is the place, where the person permanently or mainly lives) and where his/her or his/her family’s main personal/family assets are located, or the place of carrying out his/her main business (professional) activities);
- The applicant must indicate in Box 10. “State registration number of sole entrepreneur” state registration number of a participant who is a sole entrepreneur;
- The applicant must indicate in Box 11. “TIN” taxpayer identification number if the participant is a sole entrepreneur;
- The applicant shall tick with a “V” sign on the left side of the Box 12. “Method of receiving” in order to choose the method of receiving information from the registrar of fund participants, only one of the options can be chosen: 12.1 “mail” or 12.2 “E-mail”;
- The applicant shall tick with a “V” sign on the left side of the Box 13. “Language” the preferable language of receiving information from the registrar of fund participants, choosing only one of the options: Box 13.1. “Armenian”, Box 13.2 “Russian” or Box 13.3 “English”. If no language is selected, the information will be provided in Armenian;
- The applicant shall indicate in Box 14. “Postal Index” postal index of the participant’s place of residence;
- The applicant shall indicate in Box 15. “Country” participant’s country of residence;

- The applicant shall indicate in Box 16. “Administrative entity” name of the Marz, or in case of Yerevan county “Yerevan” shall be filled out (in case of foreign address the name of foreign Administrative entity shall be filled out) where the participant resides;
- The applicant shall indicate in Box 17. “county (administrative division)” name of the rural or urban county within marz, or administrative division within Yerevan county (in case of foreign address the name of foreign county should be filled out), where the participant resides;
- The applicant shall indicate in Box 18. “Settlement, Street, House (Building), Apartment” the Settlement name (if any), the street, the house (building) and the apartment, where the participant resides;
- Box 19 “Phone number” shall indicate international phone codes and numbers (home, office, mobile) by which the participant can be contacted;
- Box 20 “Mobile phone number” shall indicate international phone codes and mobile numbers by which the participant can be contacted;
- The applicant must indicate in Box 21. “E-mail” the E-mail address of the participant, on which he/she prefers to receive information from the registrar of fund participants, if Box 12.2 “E-mail” was filled out;
- On the left side of the Box “22. The base for receiving lump sum payment” the applicant shall tick with a “V” sign, one of the options that is base for receiving a lump sum payment. Furthermore, “22.1. Citizenship change” option can be chosen only if prior to retirement age the participant leaves Armenia for another country and renounces Armenian citizenship, “22.2. Foreigner departure” option can be chosen only if prior to retirement age the foreign participant leaves Armenia, where he used to work, for his/her country of permanent residence;
- The applicant must indicate in Box 23. “The name of the supportive document” the name of the supportive document which is attached to the application;
- The applicant must indicate in Box 24. “Issuer of the document” the name of the issuer of the document mentioned in the Box 23;
- The applicant must indicate in the Box 25 “The reference number” the reference number of the supportive document mentioned in the Box 23;
- The applicant must indicate in the Box 26 “Date of issue” the date when the document mentioned in the Box 23 was issued;
- The applicant must indicate in Box 27 “Receiver name” the name of the pension fund/ insurance company or any other financial institution chosen by the participant in a foreign country,
- The applicant must indicate in Box 28. “Bank account number” the bank account number of a pension fund/ insurance company or any other financial institution mentioned in Box 27. The applicant must indicate in Box 29. “Bank name” the name of a bank where the bank account indicated in Box 28 is;
- The applicant must indicate in Box 30. “Bank SWIFT/BIC code” the SWIFT or BIC code of the bank indicated in Box 28;
- The applicant must indicate in Box 31. “Currency” the ISO code of a convertible currency, in which the participant wants the registrar of fund participants to send money on his/her pension account to the bank account number mentioned in the Box 28;
- The applicant must indicate in Box 32. “Date” the date of submission of the application in a day/month/year format, e.g. 13/12/2014;

- The participant must indicate in Box 33. “Participant’s signature” his/her signature, if the participant submits the application to the account operator in a hardcopy, while if the application is filled out and submitted by the authorized person, the box shall not be filled out;
- The authorized person must indicate in Box 34. “Authorized person’s name, surname” his/her name and surname, if the application was provided in a hardcopy to the account operator by the authorized person;

- The authorized person must indicate in Box 35. “Authorized person’s signature” his/her signature, if the application was provided in a hardcopy to the account operator by the authorized person.

APPLICATION FOR PENSION UNITS INHERITANCE									
A. PERSONAL DATA OF AN HEIR									
1. Public services number or number of the statement on non-holding a public services number					2. First name		3. Last name		
4. Date of birth		5. Sex		6. Type of personal ID		7. ID number			
8. Citizenship		9. Center of Vital Interests		10. State registration number of a Sole Entrepreneur				11. TIN	
B. PREFERRED MEANS OF RECEIVING INFORMATION									
12. Method of receiving					13. Language				
	12.1. Mail			12.2. E-mail			13.1. Armenian		
							13.2. Russian		
							13.3. English		
C. CONTACT INFORMATION OF AN HEIR									
14. Postal index		15. Country		16. Administrative entity		17. County (administrative division)		18. Settlement, street, house (building), apartment	
19. Phone number					20. Mobile phone number			21. E-mail	
D. PERSONAL DATA OF A BEQUEATHER									
22. Public services number or number of the statement on non-holding a public services number					23. First name		24. Last name		
E. INFORMATION ON INHERITED UNITS									
25. Name of a fund				26. Number of inherited units					
27. Total value of all inherited units (in AMD)									
<i>The information on total value of all inherited units is presented as of ... date and can be changed.</i>									
F. THE METHOD OF RECEIVING INHERITED UNITS									
28. The method of receiving the inherited units									
	28.1. All to Pension account								
	28.2. Maximum in cash								
	28.3. Partly Lump Sum (less than 25 basic pension)				28.3. Partly Lump Sum (less than 25 basic pension)				
29. The name of the supportive document				30. Issuer of the document		31. The reference number		32. Date of issue	

	29.1. Inheritance certificate			
	29.2. Certificate of being Non-Armenian citizen			
33. Bank account number		34. Bank name	35. Bank SWIFT/BIC code	36. Currency
37. Date	38. Heir's signature	39. Authorized person's name and surname	40. Authorized person's signature	
For filling out the application use the guideline on the reverse side of the application⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒				

Guideline for filling out the application for pension units inheritance

- In the Box “1. Public services number or number of the statement on non-holding a public services number” must be filled out the public services number of an Armenian citizen heir, while in case of the absence of public services number, the number of the statement on non-holding of a public services number must be filled out (when filling out this box, boxes 2-21 will be filled out automatically, if the information system of the registrar of fund participants enables the latter);
- In the Box “2. First name” must be filled out the first name of the heir;
- In the Box “3. Last name” must be filled out the last name of the heir;
- In the Box “4. Date of birth” must be filled out the heir’s date of birth (in day/month/year format) as provided in his/her person identification document, e.g. 13/12/1990;
- In the Box “5. Sex” must be filled out the sex of the heir, as provided in his/her person identification document, e.g. F- female, M-male;
- In the Box “6. Type of personal ID” must be filled out the type of the effective document identifying the heir as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999;
- In the Box “7. ID number” must be filled out the serial number and number of the heir’s effective passport, or identification number of the other effective identification document, if the Box “9. Type of Personal ID” indicates other document than the passport as defined by the Republic of Armenia Government Decree No 767, dated December 22, 1999, or in case the heir is a foreign citizen, then his/her passport’s or other identification document’s number;
- In the Box “8. Citizenship” must be filled out the heir’s citizenship as provided in his/her person identification document, in case the heir does not have Citizenship, “A person with no Citizenship” should be filled out;
- In the Box “9. Center of Vital Interests” must be filled out the non-Armenian citizen heir’s center of vital interests (center of vital interests is the place where family or economic interests of a person are concentrated. Family or economic interest is the place where residential house (apartment) of a person is situated, where the person or his/her family reside (place of residence is the place, where the person permanently or mainly lives) and where his/her or his/her family’s main personal/family assets are located, or the place of carrying out his/her main business (professional) activities);
- In case the heir is a sole entrepreneur, in the Box “10. State registration number of a sole entrepreneur” must be filled out the state registration number of the heir;
- In case the heir is a sole entrepreneur, in the Box “11. TIN” must be filled out the taxpayer identification number of the heir;
- The applicant shall tick with a “V” sign on the left side of the Box 12. “Method of receiving” in order to choose the method of receiving information from the registrar of fund participants, only one of the options can be chosen: 12.1 “mail” or 12.2 “E-mail”;
- The applicant shall tick with a “V” sign on the left side of the Box 13. “Language” the preferable language of receiving information from the registrar of fund participants, choosing only one of the options: Box 13.1. “Armenian”, Box 13.2 “Russian” or Box 13.3 “English”. If no language is selected, the information will be provided in Armenian;
- The applicant must indicate in Box 14. “Postal Index” postal index of the heir’s place of residence;
- The applicant must indicate in Box 15. “Country” heir’s country of residence;
- The applicant must indicate in Box 16. “Administrative entity” name of the Marz, or in case of Yerevan county “Yerevan” shall be filled out (in case of foreign address the name of foreign Administrative entity shall be filled out) where the heir resides;
- The applicant must indicate in Box 17. “county (administrative division)” name of the rural or urban county within marz, or administrative division within Yerevan county (in case of foreign address the name of foreign county should be filled out), where the heir resides;
- The applicant must indicate in Box 18. “Settlement, Street, House (Building), Apartment” the Settlement name (if any), the street, the house (building) and the apartment, where the heir resides;
- Box 19 “Phone number” shall indicate international phone codes and numbers (home, office, mobile) by which the heir/applicant can be contacted;
- Box 20 “Mobile phone number” shall indicate international phone codes and mobile numbers by which the heir/applicant can be contacted;
- The applicant must indicate in Box 21. “E-mail” the E-mail address of the heir, on which he/she prefers to receive information from the registrar of fund participants, if Box 12.2 “E-mail” was filled out;
- In the Box “22. Public services number or number of the statement on non-holding a public services number” must be filled out the public services number of the bequeather, while in case of the absence of public services number, the number of the statement on non-holding of a public services number must be filled out (when filling out this box, boxes 23-24 will be filled out automatically, if the information system of the registrar of fund participants enables the latter);
- In the Box “23. First name” must be filled out the first name of the bequeather;
- In the Box “24. Last name” must be filled out the last name of the bequeather;
- When filling out the Boxes 1, 2, 3, 22, 23 and 24 the Boxes “25. Name of a fund”, “26. Number of inherited units” and “27. Total value of all inherited units (in AMD)” are automatically filled out by a system. The Box “25. Name of a fund” indicates the names of the funds the units of which the heir inherited from the bequeather. The Box “26. Number of inherited units” indicates the number of inherited units corresponding to each fund name. The Box “27. Total value of all inherited units (in AMD)” indicates the total value of all inherited units in AMD at the date of submitting the following application (“Application for pension units inheritance”).
- In the Box “28. The method of receiving the inherited units” must be indicated the manner of getting inherited units. For choosing one of the “28.1. All to Pension account”, “28.2. Maximum in cash”, “28.3. Partly Lump Sum (less than 25 basic pension)” options the applicant must tick with a “V” sign. If according to the Law the heir has a right and wants to transfer all inherited units to his/her pension account, then “28.1. All to Pension account” option must be chosen. If according to the Law the heir has a right to get all inherited units as a lump sum payment and wants so, then “28.2. Maximum in cash” option must be chosen. If according to the Law the heir has a right to get as a lump sum payment only a part of the inherited units (equal to 25 basic pensions) and wants so, then again “28.2. Maximum in cash” option must be chosen. If the heir wants to get as a lump sum payment only a part of the inherited units (less than 25 basic pension), then “28.3. Partly Lump Sum (less than 25 basic pension)” option must be chosen and in the Box “28.3.1. Amount (in AMD)” must be filled out the amount in AMD which the heir wants to get as a lump sum payment. If the bequeather was in the phase of getting pension as a program withdrawal, then only “28.2. Maximum in cash” option can be chosen.
- The applicant shall tick with a “V” sign on the left side of the Box “29. The name of the supportive document” in order to choose the document name he/she attaches to the application. Both “29.1. Inheritance certificate” and “29.2. Certificate of being Non-Armenian citizen” options can be chosen simultaneously;
- In the Box “30. Issuer of the document” must be filled out the name (s) of the issuer (s) of the corresponding supportive document (s) mentioned in the Box 29;
- In the Box “31. The reference number” must be filled out the reference number (s) of the corresponding supportive document (s) mentioned in the Box 29;

- In the Box “32. Date of issue” must be filled out the date when the corresponding supportive document (s) mentioned in the Box 29 was issued;
- In the Box “33. Bank account number” must be filled out the bank account number of a heir on which he/she wants the registrar of fund participants to send the money resulted from redemption of inherited units, if either Box “28.2. Maximum in cash” or Box “28.3. Partly lump sum (less than 25 basic pensions)” was chosen. Non-Armenian citizen heir can fill in a bank account number held in a foreign bank;
- In the Box “34. Bank name” must be filled out the name of a bank where the bank account indicated in Box 33 is held;
- In case the bank account indicated in Box “33. Bank account number” is held in a foreign bank, in the Box “35. Bank SWIFT/BIC code” must be filled out the SWIFT or BIC code of the bank indicated in Box 34;
- In case the bank account indicated in Box “33. Bank account number” is held in a foreign bank, in the Box “36. Currency” must be filled out the ISO code of a convertible currency, in which the non-Armenian citizen heir wants the registrar of fund participants to send money resulted from redemption of inherited units;

- In the Box “37. Date” must be filled out the date of submission of the application in a day/month/year format, e.g. 13/12/2014;
- In the Box “38. Heir’s signature” must be filled out the heir’s signature, if the heir submits the application to the account operator in a hardcopy, while if the application is filled out and submitted by the authorized person, the box shall not be filled out;
- In the Box “39. Authorized person’s name, surname” must be filled out the authorized person’s name and surname, if the application was provided in a hardcopy to the account operator by the authorized person;
- In the Box “40. Authorized person’s signature” must be filled out the authorized person’s signature, if the application was provided in a hardcopy to the account operator by the authorized person.