

## **Personal contributions**

Member's name:				
Member's forename:				
Social security reg. number:				
PayPal (Europe) Sarl et Cie, S.C.A. PayPal International S.à r.l.  Please tick the box corresponding to the name of your employer				
I would like to make the following monthly contribution to the supplementary pension scheme and herewith agree that such amount be deducted from my monthly net salary:				
(Only one box is to be ticked)				
EUR 0 🗌 EUR 25	☐ EUR	50 🗌	EUR 75 🗌	EUR 100 🗌
The conditions for changing the amount of my personal contribution, including the particular terms possibly applicable during the affiliation year or in case of departure are outlined in the supplementary pension scheme regulations.				
I would like to make the max herewith agree that an "exce and the sum of my personal salary for the month of Dece	ptional" amour contributions for	nt, equal to t	he balance betwe	en EUR 1 200
Yes 🗌 No				
Date: / / Affiliate's signature			Employer's sigr	nature and stamp