

Request and amendment of Voluntary Contributions

Please complete this form in blue or black ink and in CAPITAL letters.

Company name _____

Section 1: Personal details

Employee number _____

Name

Last name _____

Forenames _____

Title Mr Mrs Ms Dr Other (specify) _____

Section 2: To start paying voluntary contributions

I wish to start making voluntary contributions from my monthly salary, to my DIFC Employee Workplace Savings (DEWS) Plan.

Effective from Date Month Year

As a percentage of salary: % or A fixed monthly amount: \$

Section 3: To change existing voluntary contributions

I wish to start making voluntary contributions from my monthly salary, to my DIFC Employee Workplace Savings (DEWS) Plan.

Effective from Date Month Year

The new total contribution amount should be:

As a percentage of salary: % or A fixed monthly amount: \$

Section 4: To cancel existing additional voluntary contributions

I wish to stop paying voluntary contributions with effect from: Date Month Year

Section 5: Declaration

By signing below, I agree that the voluntary contributions will be deducted from my salary. I agree that it will be invested in US Dollars into the default investment fund that has been selected for the DEWS Plan and I understand that if I would like to change this, I am required to log into the DEWS online employee portal and update this.

Signature _____ Date Month Year