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**Application for employer contribution** **old age security product  
 and agreement on payroll deductions**

1. **Employee**

Last name and first name, title of employee:............................................................................................................

SU department (part, unit):..............................................................................................................

Hometown:..............................

In accordance with the Rules for the Establishment of the Social Fund and the Provision of Contributions from the Social Fund (hereinafter referred to as "the Rules"), I hereby request

1. **on the provision of an employer's contribution to an old-age security product (PZS) - long-term investment product:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the provider of the PZS: |  | | |
| Contribution bank: | bank code | name of the bank | |
|  |  | |
| Account number for sending the donation: | Staff | | Employers |
|  | |  |
| Variable symbol: | Staff | | Employers |
|  | |  |
| A specific symbol for sending a donation: | Staff | | Employers |
|  | |  |
| Effective from (month/year): |  | | |

1. **to deduct my own/participant contribution in the amount of: ......................... CZK from my wages** and sending them, together with the employer's contribution, to the account of the PZS provider specified in a).

I further certify by my signature that all the information I have provided is true and I acknowledge that I am obliged to notify my employer immediately of any changes in the information that affect the provision of the contribution (e.g. change in the amount of the contribution, interruption of savings, transfer to another fund/company, termination of supplementary insurance, change of bank connection, etc.). In the event of non-compliance with the conditions set out in the relevant internal standards of the employer or in the legal provisions relating to the contribution, I undertake to reimburse the employer for any undue contributions.

1. **Employer:**

Silesian University in Opava, *.........(part*)..................

agreed with the employee listed in Part I that, in accordance with the Rules, the employee will:

1. employer's contribution to Select an item. in the amount specified by the Rules for the formation of the Social Fund and the provision of contributions from the Social Fund

a

1. srážka z wzdy in the amount of: **.............. CZK**, starting with the wages for the month: ....................... / 202...

The employer's contribution, together with the employee's own/participating contribution, will be credited to the account of the named PERS provider on the first of the month: ....................... / 202... .

The agreement on deductions from wages is concluded for an indefinite period of time and expires or is interrupted if the conditions specified in the relevant internal standards of the employer or in the legislation on old-age security products are not met.

This Agreement is executed in two counterparts, one of which shall be given to the employee and one of which shall be retained by the employer.

At .............................. on: ....................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zaměstnavatel Employee

I confirm that the accuracy of the information provided by the employee has been verified.

Name and surname of the employee of the HR and Payroll Department: ...............................................................

Date: ..............................Subscription: .........................................................................