

# Technip Singapore International Retirement Savings Plan Provided by Zurich

## Application Form –OSM Personnel\*

### About You

Title (please circle): Dr / Mr / Mrs / Miss / Ms / Other:

Surname:

First Name(s):

Date of birth: / /

Nationality:

Full Residential Address\*:

Post Code:

Email Address:

\* The address must be a full residential address, PO Box or C/O addresses will not be accepted.

### Your Contributions

How much do you wish to pay as a regular contribution?

I wish to make the following monthly contribution of my basic annual pay.

Your Contribution	Company Contribution
1% *	1%
2% *	1%
3% *	2%
4% *	5%

.0%

\* You will be able to upgrade during the annual renewal window

### Your Selected Retirement Age

The default retirement age for the plan is age 65.

If you would like to select an alternative, please update your selected retirement age in the box. Please note, the earliest you can access your benefits is age 55 or leaving

### Your Investment Choice

All contributions will be invested in the Automatic Investment Strategy, the default fund for this plan. You may, if you wish switch from this fund once your policy has started

Please indicate your AIS Investment currency

GBP

USD

### Pension Declaration

In confirming these instructions, I understand that:

- I, the worker, mandate you, Technip Singapore PTE Ltd (TPS) to submit on my behalf an application to Zurich. This application will be for me to join the International Retirement Savings Plan and for Zurich to issue me with a policy.
- I can only change the level of my personal contributions (expressed as a percentage of my basic pay) at the annual renewal unless I experience a lifestyle event.
- I understand that I will initially join the Plan under terms set by my company and its adviser and I will be given the opportunity to change these at a later date. These terms include a default investment approach and selected retirement age set by my employer, on the advice of its adviser. I understand that my payments will be invested in this default investment approach, unless I choose an alternative.
- I understand the default investment approach may be reviewed in the future. Whilst I am active personnel of TPS I give my authority for the appointed adviser to instruct Zurich to move my accumulated pension fund and redirect future contributions into the new default investment approach that they may put in place. I understand I will be given 30 days written notice of any such change and will have the opportunity to remain in the current default investment approach or to select an alternative option, during this notice period.
- My contributions will be invested in the Automatic Investment Strategy Fund (the default fund) and will remain invested in this fund until such time as I instruct Zurich to redirect them. It is my responsibility to ensure this suit my own circumstances and attitude to risk. TPS accepts no responsibility for the notification of subsequent investment fund allocation(s).
- If I return this form on or before 10th of the month, the first personal contribution and deduction from my salary will be effective from the 1st of the month of that month. I understand that forms received after 10th of the month, will be processed effective from 1st of the following month.
- TPS has my permission to supply to any third party the information contained within this form, together with any other information they may hold, in order to establish my International Retirement Savings Plan and operate it going forward. This will be information needed reasonably in connection with the International Retirement Savings Plan arrangement and any policy issued in association with it.
- TPS will not pay contributions to any other pension arrangement on my behalf.
- I understand that it is my responsibility to keep Zurich up to date with my current address after the plan has commenced.
- I understand that if I leave the company and take my benefits I am not eligible to re-join the International Retirement Savings Plan for 5 years if I recommence employment with TPS. (subject to company trustee discretion)

**Signature**

**Date**

**Please return a scanned copy of completed form to [TFMC@osm.com](mailto:TFMC@osm.com)**

*\*non-OSM personnel should apply using the specific non-OSM Form, also available on the Zurich website*