

**BASF IRELAND LIMITED**  
**DEFINED CONTRIBUTION PLAN**  
**WAIVER FORM**

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I refer to my option to become a member of the BASF Ireland Limited Defined Contribution Plan.

I hereby confirm that I wish to waive my option to join the Plan.

I fully understand that as a consequence of my decision to waive my option to join the Plan, I will not be entitled to any Retirement Benefits either from the Plan or from the Company on my retirement or leaving service.

I accept that if I wish to join the Plan at a future date it is my responsibility to apply, in writing, to the Company.

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_