Exemption Agreement:

(Name / company name / authority and	address of the training institute / of the training provider)
I am / We are providing legal training to the trained	e lawyer
Last name, first name	
Date of birth	Personnel reference number V
Street	
ZIP code, place	
lawyers. However, one training stage shall last be made to lawyers who have been admitted predominantly work as corporate counsels in provide this legal training. As assignment to a Notary Public, a company where a proper training in the field of legal made for three months. Pursuant to Section 21, clause 2, sub-class.	to
in the elective field of from In this field, I / we are providing proper training (Section 37, clause 2 <i>JAPO</i>).	to . I have taken note of the examination subjects
during a supplementary legal traineeship from_ The six-month supplementary legal traineeship compulsory fields. However, one training stage	can be completed at various training institutes in the

I have read the information leaflet regarding the treatment of additional compensations for trainee lawyers by private training institutes (Rev. May 2017) under social security law.

In light of the explanations there, I hereby make the following legally binding statement (*in case of law firms*: on behalf of the aforementioned law firm / *in case of agencies* / *companies*: on behalf of the operator of the aforementioned training institute):

Should I / we pay the trainee lawyer any additional compensation, I / we hereby undertake to bear any and all costs for social security contributions and income taxes arising from such additional compensation, including a possible supplemental insurance at a later date, in our internal relationship with the Federal State of Rhineland-Palatinate. I / We hereby agree to the following settlement procedure:

Training institute in Germany:

I/We undertake to pay, upon receipt of a calculation of the State Office of Finance compiled on the basis of my / our information provided in this form,

- the entire gross amount of the additional compensation to be granted to the trainee lawyer,
- the employer's contribution to social security arising for this as calculated by the State Office of Finance
- as well as a flat-rate compensation payment calculated by the State Office of Finance to compensate for the costs of a possible supplemental insurance at a later date with the German statutory pension insurance provider

to the State Office of Finance upon request and without delay each month and/or after completion of the legal traineeship.

I / We understand that the State Office of Finance will initiate payment of the social security contributions and the income tax and the taking-out of any supplemental insurance possibly required at a later date, and that it will pay out the remaining net amount of the additional compensation to the trainee lawyer together with the subsistence allowance.

Training institute abroad:

I/We undertake to pay, upon receipt of a calculation of the State Office of Finance compiled on the basis of my / our information provided in this form,

- the employer's contribution to social security arising for this as calculated by the State Office of Finance
- as well as a flat-rate compensation payment calculated by the State Office of Finance to compensate for the costs of a possible supplemental insurance at a later date with the German statutory pension insurance provider

to the State Office of Finance upon request and without delay each month and/or after completion of the legal traineeship.

I / We understand that the State Office of Finance will initiate payment of the social security contributions and the income tax and the taking-out of any supplemental insurance possibly required at a later date. I / We understand that I / we are responsible for the calculation and the payment of the income tax arising for the additional compensation to the competent tax office and payment of the remaining net amount of the additional compensation to the trainee lawyer.

/ we state:				
a) Payment of addit	tional compensation (c	compen	sation for certain field	s of training):
☐ No compensation	n is paid.			
☐ The following gro	ss compensation is pa	aid for th	ne following months*:	
Overall gross c	ompensation in EUR	Month		
☐ No non-cash ber	efits are granted.			
	nefits are granted (e.g. ealth insurance, vacati			
Type of benefit	lump-sum payment		Amount of benefit (gross) in EUR

^{*} For proper payment of the social security contributions and taxes, all gross compensations for every individual month of employment must be indicated separately.

b)	Payment of compensations for employment that is not part of the training in the sense of Paragraph 2 of the information leaflet:			aining in the sense of
	Note: An employment which is not part of the tra expressly stipulates payment of a comp and that precisely specifies the time so week and/or month).	ensation ,	/ benefit only for such work as de	escribed in the contract
	If such prerequisites are not present, p	aid comp	ensation must be stipulated in	Paragraph a)!
	No compensation is paid for employn	nent tha	t is not part of the training.	
	The following gross compensation is paid for the following months for employment that is not p of the training*: (Please present a copy of the employment contract!)			
	Overall gross compensation in EUR	Month]
				_
				-
				-
				_
				-
				-
				_
	No non-cash benefits are granted.			
	The following benefits are granted (e.g. travel expenses, provision of accommodation, contribution to health insurance, vacation pay, Christmas allowance, lump-sum payments):			
	Type of benefit / lump-sum payment		Amount of benefit (gross) in EUR
		_		

 $^{^{\}ast}$ All gross compensations for every individual month of employment must be indicated separately.

I represent that the above information is correct and complete.

of	training or after con	npletion of the latt	enefits to the trainee lawyer only during the current field tter,or if the amount of such compensation / benefits
ch	anges, I / we will inf	orm the compete	ent training authority without delay.
	(Law firm / authority sta institute)	imp / company stamp ar	and signature of the training provider / representative of the training
	Operation number		
	Contact person		
	First name, last name		
	Phone number		
	Fax		
	Email address		
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==:			
		going offer for cond	clusion of an exemption agreement for the Federal State o
Rh	ineland-Palatinate.		
	Higher Regional Co		
Ш	Higher Regional Co	ourt of Zweibruckeri	1
(SIÇ	gnature, name stamp)		
П	(administrative auth	ority)	
	(Sammondayo ddir		
(Sic	gnature, name stamp)		
Oic	gracuro, riarrio starripj		