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Pensionskasse

Postfach 10 10 54

47010 Duisburg

für die Deutsche Wirtschaft



Applicant:

Membership number

Surname, first name

Street, number

Postcode, town/city

Phone number in case of further questions (not mandatory)

Email address in case of further questions (not mandatory)

Application for Early Old-age Pension

 from the age of 60 at the earliest (for insurance policies that began after 01/01/2012: from the age of 62) please submit six weeks before the date you want your pension to start 	
I hereby apply for my PKDW early old-age pension from (Pension amount will be lower because you are claiming early)	Date PKDW pension to start
Please transfer my pension to this account	IBAN
	Swift-BIC
	Bank
My health insurance provider is	Name of health insurance provider
	Postcode, town/city
My tax ID number is	 11-digit tax ID number
My social security number is	See pension notice / social security card

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Membership number

	Please find enclosed official proof of my date and place of birth (e.g. uncertified copy of the birth certificate)
	I have one child / more than one child Note: This information is required by the pension fund as part of the notification to your health insurance scheme. If you have private health insurance, you pay your health insurance scheme for your long-term care insurance; please go straight to the next point.
	I have enclosed the insurance certificate
	I do not have the insurance certificate
	Please find enclosed proof of loss of income Note: According to the legal definition of a pension fund, PKDW may only insure against loss of income. As confirmation of loss of in- come, please provide a copy of the first page of your pension notice or unemployment notice plus written confirmation that the combined unemployment benefit and pension fund benefit does not exceed the income you previously earned. The same applies to the inactive phase of early retirement.
You are, of course, allowed to ensure that any data that is not relevant for the pension fund in carrying out the contract cannot be used to identify you personally.	
	e personal data relating to the insurance contract will be processed in accordance with the requirements of the EU General Data Protec- n Regulation (GDPR) and the new version of the Federal Data Protection Act (BDSG-neu) within the meaning of Article 4 (2) GDPR.
l ha	ave answered the questions above fully and truthfully.

. . . .

Date, signature