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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)

## Lump Sum Payment

- to be submitted six to eight weeks before the payment date

|  | Requested payment date                    |
|--|---|
| Please transfer the lump sum to my account |   |
| when it becomes due                        | 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 |
|  |   |

Membership number

|         | Please find enclosed official proof of my date and place of birth<br>(e.g. uncertified copy of the birth certificate)   |
|---------|---|
|         | I have enclosed the insurance certificate<br>I do not have the insurance certificate  |
|         | Because I am claiming early (for payment before the age of 65),<br>I have also included evidence of loss of income<br>Note: According to the legal definition of a pension fund, PKDW may only insure against loss of income. As confirmation of loss of in-<br>come, please provide a copy of the first page of your pension notice or unemployment notice plus written confirmation that the combined<br>unemployment benefit and pension fund benefit does not exceed the income you previously earned.<br>The same applies to the inactive phase of early retirement. |
| io<br>T | 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<br>dentify you personally.<br>The personal data relating to the insurance contract will be processed in accordance with the requirements of the EU General Data Protec-<br>ion Regulation (GDPR) and the new version of the Federal Data Protection Act (BDSG-neu) within the meaning of Article 4 (2) GDPR.   |

I have answered the questions above fully and truthfully.

Date, signature