

Pensionskasse
für die Deutsche Wirtschaft
Postfach 10 10 54
47010 Duisburg

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 Retirement Pension

- from the age of 65
- to be submitted six weeks before the date you want your pension to start

I hereby apply for my PKDW retirement pension
to start on

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

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 Pensionskasse 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 original insurance certificate

I do not have the original insurance certificate

You are, of course, allowed to ensure that any data that is not relevant for the Pensionskasse in carrying out the contract cannot be used to identify you personally.

The personal data relating to the insurance contract will be processed in accordance with the requirements of the EU General Data Protection Regulation (GDPR) and the new version of the Federal Data Protection Act (BDSG) within the meaning of Article 4 (2) GDPR.

I have answered the questions above fully and truthfully.

Date, signature