PKDW
Pensionskasse für die Deutsche Wirtschaft

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 Orphans' Pension

☐ for orphans under the age of 18

I hereby apply for my PKDW orphans' pension

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

Membership number

Please find the death certificate enclosed
The death certificate has already been submitted

Please find official proof of my date and place of birth enclosed
(e.g. uncertified copy of the birth certificate)

I have enclosed the insurance certificate
I do not have the insurance certificate

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.

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 and signature of the person with parental responsibility