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)

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

Pensionskasse für die Deutsche Wirtschaft, Am Burgacker 37, 47051 Duisburg, Tel 0203 99219-0, Fax 0203 99219-38, www.pkdw.de

Membership number

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

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

Because I am claiming early (for payment before the age of 65),
I have also included evidence 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 income, 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.

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