PKDW
Pensionskasse für die Deutsche Wirtschaft

Absender:

Pensionskasse
für die Deutsche Wirtschaft
Postfach 10 10 54
47010 Duisburg

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)

Partial Lump Sum Payment

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

Requested payment date

Please transfer the partial lump sum and my retirement pension, starting simultaneously, to my account when they become 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

I have a child / several children

Please enclose appropriate proof with your application, e.g. birth certificate, certificate of parentage, adoption certificate, etc.

Information on the 1st child

Surname, first name

Date of birth

Information on the 2nd child

Surname, first name

Date of birth

Information on the 3rd child

Surname, first name

Date of birth

Information on the 4th child

Surname, first name

Date of birth

Information on the 5th child

Surname, first name

Date of birth

Note: The pension fund requires this information as part of the notification to your health insurance fund. The contribution rate in the statutory long-term care insurance depends on the age and number of your children. If you have private health insurance, you settle your long-term care insurance directly with your health insurance fund; you can skip this point.

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 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 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