

To be filled out by PKDW:

Membership-No. _____

Please complete in block letters.

Application for Tariff A including survivors' pension

The information on the company pension scheme with PKDW - in particular the Articles of Association as well as the General Insurance Conditions (GTCI) and the Tariff Conditions (TC) of Tariff A - were available to me at www.pkdw.de. With reference to this information I apply for the membership within Pensionskasse für die Deutsche Wirtschaft (PKDW). Contributions to PKDW are exempt from insurance tax in accordance with § 4 No. 5 of the Insurance Tax Act (Versicherungsteuergesetz (VerStG)).

Applicant

Surname, first name	title
Street, house number	
Postcode, town/city	
Date of birth	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> diverse
Gender	
Employer	
with company since	
Telephone number for queries (optional)	Email address for queries (optional)

Choice of Tariff

1. Choice of occupational invalidity cover

with occupational invalidity cover
(Health questionnaire required) **or** without occupational invalidity cover

2. Choice of Option

Lump-sum payment option
*(not available when paying in
Riester-contributions)* **or** Partial lump-sum payment option (30 %)
*(also available when paying in
Riester-contributions)*

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-neu) within the meaning of Article 4 (2) GDPR.

I have answered the above questions truthfully and completely.

Place	Date	Applicant's signature (for children under 18: signature of the person with parental responsibility also required)
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Registration by the Employer

Mr / Mrs / Miss / Ms _____ shall be registered as a member as of the _____
(Date of commitment) via the PKDW-company number (if available) _____, company number (8-digit) _____
in accordance with § 3 of the General Terms and Conditions of Insurance (GTCI).

The health questionnaire is enclosed will be sent in by the applicant
(is not necessary as invalidity cover is not being applied for)

Place	Date	Company Stamp, Signature
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