

Application for Tariff A including survivors' pension

The information on the company pension scheme with PKDW - in particular PKDW's Statutes and the General Terms and Conditions of Insurance (GTC) and Tariff Conditions (TC) of Tariff A - were available to me at www.pkdw.de. With reference to this information, I hereby apply for membership with PKDW. The contributions to PKDW are exempt from insurance tax in accordance with Section 4 No. 5 VerStG (= German Insurance Tax Act).

Applicant	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Surname, first name</td> <td style="width: 50%; border-bottom: 1px solid black;">Title</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Street, house number</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Postal code, city</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Tax identification number</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">PKDW membership number (for multiple insurance)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date of birth</td> <td style="border-bottom: 1px solid black;">Gender</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Are you married?</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Employer</td> <td style="border-bottom: 1px solid black;">Employed since</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Telephone number for queries (optional)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Email for queries (optional)</td> </tr> </table>	Surname, first name	Title	Street, house number		Postal code, city		Tax identification number		PKDW membership number (for multiple insurance)		Date of birth	Gender	Are you married?		Employer	Employed since	Telephone number for queries (optional)		Email for queries (optional)		Choice of Tariff	<p>1. occupational invalidity cover</p> <p><input type="checkbox"/> with occupational invalidity cover <i>(Health questionnaire required)</i></p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> without occupational invalidity cover</p> <hr style="border-top: 1px dashed #ccc;"/> <p>2. Lump-sum payment option</p> <p><input type="checkbox"/> Lump-sum payment option <i>(not available when paying in Riester-contributions)</i></p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Partial lump-sum payment option (30%) <i>(also available when paying in Riester-contributions)</i></p>
Surname, first name	Title																						
Street, house number																							
Postal code, city																							
Tax identification number																							
PKDW membership number (for multiple insurance)																							
Date of birth	Gender																						
Are you married?																							
Employer	Employed since																						
Telephone number for queries (optional)																							
Email for queries (optional)																							

I confirm that I have received PKDW's privacy policy on the processing of my data or I have had the opportunity to access it at www.pkdw.de/datenschutz or by using the adjacent QR-code. I acknowledge PKDW's privacy policy and agree to the processing of my data. I am aware that data may also be transferred via my employer.



I have answered the above questions truthfully and completely.

Place	Date	Signature of applicant (for minors to be insured: additional signature of the holder of parental responsibility)
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Registration by the employer

The applicant shall be registered as a member as of the _____ via the PKDW-company number _____, company number (8-digit) _____ in accordance with Section 3 of the General Terms and Conditions of Insurance (GTC).

Employer contributions (employer-only contributions)

Contributions acc. to Sec. 3 No.63 EStG	Contribution amount	Contributions acc. to Sec. 40b EStG	Contribution amount	Contributions acc. to	Contribution amount	Payment interval
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Contributions of the employee (incl. 15 % employer subsidy)

Contributions acc. to Sec. 3 No.63 EStG	Contribution amount	Contributions acc. to Sec. 40b EStG	Contribution amount	Contributions acc. to	Contribution amount	Payment interval
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Place	Date	Company stamp, signature
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