

Pensionskasse für die Deutsche Wirtschaft

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 (GTCI) 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).

			Tariff	d a compation of the collection		
Surname, first name		Title	o O	1. occupational invalidi	ty cover	
Street, house number			Choice of	☐ with occupational in (Health questionnaire	•	
Postal code, city				or		
Tax identification number				☐ without occupationa	Il invalidity cover	
PKDW membership number (for mu	Itiple insurance)					
Date of birth		Gender		2. Lump-sum payment	option	
Are you married?				☐ Lump-sum payment	•	
Employer		Employed si	ince	(<u>not available</u> when pa Riester-contributions)	aying in	
Telephone number for queries (option	nnal)			or		
				Partial lump-sum payment option (30%) (also available when paying in		
Email for queries (optional)				Riester-contributions)	aying in	
confirm that I have received PKDW's www.pkdw.de/datenschutz or by using data. I am aware that data may also be that a appropriate the approximations triple.	transferred via my	y employer.				
www.pkdw.de/datenschutz or by using	transferred via my	y employer.				
www.pkdw.de/datenschutz or by using data. I am aware that data may also be that data may also be the above questions true.	transferred via my	y employer.	PKDW's privacy po		ng of my	
www.pkdw.de/datenschutz or by using data. I am aware that data may also be have answered the above questions tru	transferred via my uthfully and comp Date	y employer.	PKDW's privacy po	licy and agree to the processing agree	ng of my	
www.pkdw.de/datenschutz or by using data. I am aware that data may also be have answered the above questions truplace Registration by the entire applicant shall be registered as a	transferred via my uthfully and comp Date Date Oployer a member as of	y employer. pletely. the	Signature of applice of the holder of pa	cant (for minors to be insured: rental responsibility) W-company number	additional signature	
www.pkdw.de/datenschutz or by using data. I am aware that data may also be have answered the above questions truckly place Registration by the entire applicant shall be registered as a	transferred via my uthfully and comp Date Date Oployer a member as of	y employer. pletely. the	Signature of applice of the holder of pa	cant (for minors to be insured: rental responsibility) W-company number	additional signature	
www.pkdw.de/datenschutz or by using data. I am aware that data may also be have answered the above questions truplace Registration by the entire applicant shall be registered as a	nployer a member as of	theaccordance with Sec	Signature of applice of the holder of pa	cant (for minors to be insured: rental responsibility) W-company number	additional signature	
Registration by the encompany number (8-digit)	nployer a member as of	theaccordance with Sec	Signature of applice of the holder of parameters via the PKD etion 3 of the General control of the General control of the control of the General control of the	cant (for minors to be insured: trental responsibility) W-company number	additional signature	
Place Registration by the encompany number (8-digit) Employer contributions (employ) Contributions acc. to Sec. 3	Date Date Date Contributions acc. to Sec. 40b EStG	theaccordance with Secondarions)	Signature of applice of the holder of parameters via the PKD etion 3 of the General control of the General control of the control of the General control of the	cant (for minors to be insured: trental responsibility) W-company number	additional signature	
Place Registration by the entropy of the applicant shall be registered as a company number (8-digit) Employer contributions (employed) Contributions acc. to Sec. 3 No.63 EStG Contributions of the employee (in Contributions)	Date Date Date Contributions acc. to Sec. 40b EStG Contributions	theaccordance with Secondarions)	Signature of applice of the holder of parameters via the PKD etion 3 of the General control of the General control of the control of the General control of the	cant (for minors to be insured: trental responsibility) W-company number	additional signature	
Place Registration by the entropy number (8-digit) Employer contributions acc. to Sec. 3 No.63 EStG Nave naware that data may also be to have answered the above questions true. Place Registration by the entropy the entropy number (8-digit) Contributions acc. to Sec. 3 Contribution amount	Date Date Date Contributions acc. to Sec. 40b EStG	theaccordance with Secondarions)	Signature of applic of the holder of particular via the PKD etion 3 of the Gene	cant (for minors to be insured: arental responsibility) W-company number eral Terms and Conditions of to Contribution amount	additional signature f Insurance (GTCI).	