

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).

Applicant	Surname, first name		Title		Choice of Tariff	1. occupational invalidity cover	
	Street, house number					<input type="checkbox"/> with occupational invalidity cover (Health questionnaire required)	
	Postal code, city					or	
	Tax identification number					<input type="checkbox"/> without occupational invalidity cover	
	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)						
						2. Lump-sum payment option	
						<input type="checkbox"/> Lump-sum payment option (<i>not available</i> when paying in Riester-contributions)	
						or	
						<input type="checkbox"/> Partial lump-sum payment option (30%) (also available when paying in Riester-contributions)	

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 (GTCI).

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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