

Pensionskasse  
für die Deutsche Wirtschaft  
Postfach 10 10 54  
47010 Duisburg

Applicant:

\_\_\_\_\_

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)

## Application for Old-age Pension

- from the age of 65
- to be submitted six weeks before the date you want your pension to start

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I hereby apply for my PKDW old-age pension  
to start on

\_\_\_\_\_

Date PKDW pension to start

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Please transfer my pension to this account

\_\_\_\_\_

IBAN

\_\_\_\_\_

Swift-BIC

\_\_\_\_\_

Bank

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My health insurance provider is

\_\_\_\_\_

Name of health insurance provider

\_\_\_\_\_

Postcode, town/city

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My tax ID number is

\_\_\_\_\_

11-digit tax ID number

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My social security number is

\_\_\_\_\_

See pension notice / social security card

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Please find enclosed official proof of my date and place of birth  
(e.g. uncertified copy of the birth certificate)

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I have one child / more than one child

Note: This information is required by the pension fund as part of the notification to your health insurance scheme. If you have private health insurance, you pay your health insurance scheme for your long-term care insurance; please go straight to the next point.

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I have enclosed the original insurance certificate

I do not have the original insurance certificate

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

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I have answered the questions above fully and truthfully.

\_\_\_\_\_  
Date, signature