

Pensionskasse
für die Deutsche Wirtschaft
Postfach 10 10 54
47010 Duisburg

Absender:

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)

Partial Lump Sum Payment

– to be submitted six to eight weeks before the payment date

Requested payment date

Please transfer the partial lump sum and my retirement pension, starting simultaneously, to my account when they become due

IBAN

Swift-BIC

Bank

My health insurance provider is

Name of health insurance provider

Postcode, town/city

My tax ID number is

11-digit tax ID number

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 enclosed the original insurance certificate
 I do not have the original insurance 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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- Because I am claiming early (for payment before the age of 65),
I have enclosed proof of loss of income

Note: According to the legal definition of a pension fund, PKDW may only insure against loss of income.
As confirmation of loss of income, please provide a copy of the first page of your pension notice or unemployment notice plus written confirmation that the combined unemployment benefit and pension fund benefit does not exceed the income you previously earned.
The same applies to the inactive phase of early retirement.

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.

I have answered the questions above fully and truthfully.

Date, signature