PKDW

Pensionskasse für die
Deutsche Wirtschaft

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 retire-
ment 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

_____
Membership number

- -

☐ I have a child / several children
Please enclose appropriate proof with your application, e.g. birth certificate, certificate of parentage, adoption certificate, etc.

- -

Information on the 1st child

_____
Surname, first name

_____
Date of birth

Information on the 2nd child

_____
Surname, first name

_____
Date of birth

Information on the 3rd child

_____
Surname, first name

_____
Date of birth

Information on the 4th child

_____
Surname, first name

_____
Date of birth

Information on the 5th child

_____
Surname, first name

_____
Date of birth

Note: The pension fund requires this information as part of the notification to your health insurance fund. The contribution rate in the statutory long-term care insurance depends on the age and number of your children. If you have private health insurance, you settle your long-term care insurance directly with your health insurance fund; you can skip this point.

- -

_____
Membership number

- -

☐ Please find enclosed official proof of my date and place of birth

   (e.g. uncertified copy of the birth certificate)

- -

☐ I have enclosed the insurance certificate

☐ I do not have the insurance certificate

- -

☐ 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.

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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 Protec-
tion Regulation (GDPR) and the new version of the Federal Data Protection Act (BDSG) within the meaning of Article 4 (2) GDPR.

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I have answered the questions above fully and truthfully.

_____
Date, signature