## **Disability benefits**

Disability believed	EIIIS		
Disability as of		Degree of disability	%
Surname		First name	
Address			
Postcode, town			
E-Mail (if available)			
redefined by means of the corthe disability pension will conscalculated until the level of the calculated until the calcu	ion is paid out up to the agnitinued retirement savings sist of the basic disability per accumulated retirement so on is paid out to children up confirmation when returnated affliction are entitled to	and the conversion rates applicate pension and the variable disabilities avings are knows and will thus output to the age of 20. Children who hing this form) or are of diminished this pension up to the age of 25.	y pension. These cannot be only be confirmed in due course.  o are still in education (please and capacity or unfit for work
Wrongfully received disabil	lity child pensions must	be repaid to the Pension Fund	d.
Surname and first name	Date of birth	Nature of education (at 20 years or older)	Lasting until





## F IV E 01/2022

## 3. Payment addresses

## Monthly pension (no splitting possible)

 $\hfill\square$  Post office account

☐ Bank account

Name of the bank \_\_\_\_\_

Address\_\_\_\_\_

Postcode, town \_\_\_\_\_

IBAN Nr. \_\_\_\_\_

Bank account / Post office account \_\_\_\_\_ SWIFT code \_\_\_\_\_

- Please attach a copy of the bank card
- Costs are charged to you in the event of transfer abroad

Place, date \_\_\_\_\_

Signature of insured person \_\_\_\_\_



