

REQUEST FOR TRANSFER

1. General personal details

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	TEL.:
<input type="text"/>		
OLD ADDRESS:		
<input type="text"/>		
NEW ADDRESS:		
<input type="text"/>	<input type="text"/>	
GENDER:	NATIONALITY:	
<input type="text"/>	<input type="text"/>	
DATE OF BIRTH:	PLACE OF BIRTH:	
<input type="text"/>	<input type="text"/>	
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED
	<input type="checkbox"/> DIVORCED	
Are you subject to pending divorce proceedings or proceedings to apportion pension entitlements as part of a divorce settlement (Versorgungsausgleichsverfahren)?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there attachments or assignments of pension entitlements?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. Old pension fund

<input type="text"/>		
NAME		
<input type="text"/>	<input type="text"/>	<input type="text"/>
FROM	TO	

3. New competent pharmaceutical society

<input type="text"/>		
Apothekerkammer Schleswig-Holstein		
<input type="text"/>	<input type="text"/>	
EMPLOYED IN PHARMACY SINCE	AS	
<input type="text"/>		
NAME/ADDRESS OF CURRENT EMPLOYER		

I hereby apply for my pension contributions paid to

<input type="text"/>

NAME

to be transferred to the Apothekerversorgung Schleswig-Holstein (Pharmacists' Pension Fund of Schleswig-Holstein).

I warrant that I have not applied for an invalidity pension and was not unfit for work as at the date I changed employer.

I will likely be employed in the jurisdiction of the Kammerbereich Schleswig-Holstein (Pharmaceutical Society of Schleswig-Holstein) for at least three months.

<input type="text"/>

DATE

SIGNATURE