Apothekerversorgung Schleswig-Holstein
Düsternbrooker Weg 75
24105 Kiel

APOTHEKERVERSORGUNG
SCHLESWIG-HOLSTEIN

Questions or concerns?
We are here to assist you.
Telefon: 0431 579 3550
Telefax 0431 579 3560
E-Mail: info@av-sh.de
Internet: www.av-sh.de

Request for Transfer

1. General personal details

Last name | First name | Tel.

Old adress

New adress

☐ male ☐ female ☐ diverse
Gender

Nationality

Date of birth

Place of birth

Marital status ☐ Single ☐ Married ☐ Divorced

Are you subject to pending divorce proceedings or proceedings to apportion pension entitlements as part of a divorce settlement (Versorgungsausgleichsverfahren)? ☐ Yes ☐ No

Are there attachments or assignments of pension entitlements? ☐ Yes ☐ No

2. Old pension fund

Name

from | to

3. New competent pharmaceutical society

Apothekerkammer Schleswig-Holstein

Employed in Pharmacy since | As

Name/Adress of Current Employer

I hereby apply for my pension contributions paid to

Name of old pension fund

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.

Place, Date | Signature