APOTHEKERVERSORGUNG
SCHLESWIG-HOLSTEIN

Apothekerversorgung Schleswig-Holstein
Düsternbrooker Weg 75
24105 Kiel

Questions or concerns?
We are here to assist you.

Phone: 0431 579 3550
Fax: 0431 579 3560
E-mail: info@av-sh.de
Internet: www.av-sh.de

Membership Declaration Form incl. Transfer Application

of the Pharmacists' Pension Fund Schleswig-Holstein (Apothekerversorgung Schleswig-Holstein)

Name, Academic Title

First Name

Name at birth

Date of birth

Place of birth

☐ male ☐ female ☐ diverse
Gender

Nationality

Phone number

Residence

Street | Number

Postal code | Town/City

Marital status ☐ single ☐ married ☐ widowed ☐ divorced

Spouse's date of birth

Children (number | date of birth)

Tax identification number (Steuer-Identifikationsnummer)

It is mandatory to provide your 11-digit tax identification number (Steuer-Identifikationsnummer). You can find it, for example, on your last income statement or income tax certificate. Further information is available from the Federal Central Tax Office at www.bzst.de

Social Security Number (Sozialversicherungsnummer)

It is possible to communicate with the pension fund by e-mail. Please note that this method of transmission is not completely secure and unauthorised persons could, for example, manipulate the sender or recipient address or the content of the e-mail.

I agree that the pension fund may send me information by e-mail. ☐ Yes ☐ No

E-mail address

Details of current occupation

*Please enclose a copy of the relevant document

Pharmaceutical activity ☐ licensed to practise*

since/from

Employer

Pharmacist undergoing recognition ☐ temporary permit*

since/from

Employer

Pharmacy traineeship

since/from

Employer

Details of previous memberships

If you were already a member of another pension scheme or another statutory pension insurance institution in Germany or another European country (EU/EFTA/EEA) before you started working in Schleswig-Holstein, please state the period of membership, the relevant country and the name of the pension scheme here.

from		to	Country/ Federal state	Pension scheme/ pension provider
	–			
	–			
	–			

Employment in Schleswig-Holstein for longer than 3 months ☐ Yes ☐ No

Are there currently other employment relationships in other chamber areas? ☐ Yes ☐ No

Transfer application (optional)

If you were previously a member of another pension scheme, you can apply **within three months of taking up employment in Schleswig-Holstein** for the contributions paid to your previous pension scheme to be transferred to us.

A transfer is excluded in particular if:
– you were a member of your previous pension scheme for more than 60 months,
– contributions are in arrears and are not paid within the application period,
– your entitlements have been assigned, pledged or attached in whole or in part,
– the benefit event has occurred, or
– pension equalisation proceedings (Versorgungsausgleich) have been initiated or concluded.

I confirm that I have not applied for an occupational disability pension and was not occupationally disabled when I changed employer.

I hereby apply for the contributions I have paid to date to

Name of previous pension scheme

to be transferred to the **Apothekerversorgung Schleswig-Holstein**.
A copy of this form may be sent to my previous pension scheme for the purpose of transferring the contributions.

The protection of your personal data is very important to us. We treat your personal data confidentially and in accordance with the statutory data protection regulations and our privacy policy. You can read about this on our website at www.av-sh.de or request it in writing by calling 0431-579-3550.

Place, Date **Signature**