

## Pension Rights Adjustment Questionnaire

The dissolution of a marriage also entails the splitting of all entitlements to provision for old age and disability (pension rights adjustment) acquired during the marriage. This questionnaire serves to ascertain these entitlements. Please complete it carefully. You are legally obliged to do so.

### 1. Personal details

Family name	First names (underline preferred name)	Name at birth
Nationality	Date of birth	Place of birth
Sex <input type="radio"/> male <input type="radio"/> female	Current profession	
Address: street, house number		Daytime phone number (please indicate for any further questions)
Postcode	Place of residence	

### 2. Have you concluded an agreement for pension rights adjustment with your spouse?

Yes                                       No

If applicable, attach a copy of the agreement.

### 3. Are you entitled to benefits under the statutory pension scheme (e.g. as employee, self-employed, person on military or civilian service or on account of raising a child)?

Yes                                       No

Name of pension insurance fund (please specify)	Pension insurance number																				
<input type="radio"/> Deutsche Rentenversicherung _____ <input type="radio"/> Deutsche Rentenversicherung Bund <input type="radio"/> Deutsche Rentenversicherung Knappschaft-Bahn-See	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				

### 4. Where are you employed at present and where have you been employed since you were married? Have you been granted benefits under a company pension scheme?

If applicable, please use an additional sheet.

Period of employment	Employer (please indicate the addresses)	Company pension benefits granted?	
		Yes	No
<b>Current employer (including <u>address</u> and personnel number)</b>			
since		<input type="radio"/>	<input type="radio"/>
<b>Previous employers since married (including <u>address</u> and personnel number)</b>			
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

### 5. Have you taken out a private pension insurance policy?

(Please list in particular: insurance policies pursuant to the German Old-Age Provision Contracts Licensing Act (e.g. "Riester pension, "Rürup pension"), private pension insurance policies and private capital-sum life insurance policies, the latter only where the annuity option is being exercised. Please also indicate any policies with a foreign insurance company.)

If you have more than two insurance policies, please use an additional sheet.

Yes                                       No

Insurance no. 1

Name of insurance company	Insurance policy number
Address of insurance company	

Insurance no. 2

Name of insurance company	Insurance policy number
Address of insurance company	

**6. Are you receiving disability benefits (e.g. under private disability insurance)?**

If you have several insurance policies, please use an additional sheet.

Yes  No

Name of insurance company	Insurance policy number
Address of insurance company	

**7. Are you or have you ever been a public servant (government, states, municipalities, railway, postal service, church) and are you therefore entitled to benefits under a supplementary public service or church pension scheme?**

Yes  No

Name of supplementary pension fund	Insurance policy number
Address of supplementary pension fund	

**8. Are you or have you ever been a public officer, judge or regular soldier?**

Yes  No

Name of pension fund	Personnel number
Address of pension fund	

**9. Are you entitled to benefits under an occupational pension scheme (e.g. as physician, chemist, architect, notary, lawyer, tax advisor or auditor)?**

Yes  No

Name of pension fund	Insurance policy number
Address of pension fund	

**10. Are you entitled to other pension or disability benefits (e.g. under agricultural pension fund, pension fund for members of parliaments, foreign pension funds)?**

Yes  No

Name of pension fund	Insurance policy number
Address of pension fund	

**I hereby assure that the information provided in this questionnaire is true and complete to the best of my knowledge and belief.**

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

\_\_\_\_\_  
Signature