File reference		

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.

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Family name		First names (underline preferred name)	Name at birth
Nationality		Date of birth	Place of birth
Sex		Current profession	
male	female		
Address: stre	et, house number		Daytime phone number (please indicate for any further questions)
Postcode	Place of residence		

Yes		No
f applicable, at	tach a copy of the agreement.	

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

Yes	No											
Name of pension	n insurance fund (please specify)	Pe	Pension insurance number									
Deutsche	e Rentenversicherung Rentenversicherung Bund Rentenversicherung Knappschaft-Bahn-S		I		I		I	I		I	ı	

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)	pension	pany benefits ited?
		Yes	No
	Current employer (including address and personnel number)		
since			
Prev	vious employers since married (including address and personnel number	r)	

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
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Insurance no. 1			
Name of insurance compa	ny		Insurance policy number
Address of insurance comp	pany		
Insurance no. 2			
Name of insurance compa	ny		Insurance policy number
Address of insurance comp	pany		
6. Are you <u>receiving</u> If you have several insurar		ts (e.g. under private disability insu	ırance)?
•		e an additional sheet.	
Yes	No		
Name of insurance compa	ny		Insurance policy number
Address of insurance comp	pany		1
7. Are you or have y postal service, chur service or church po	ch) and are you tl	ublic servant (government, states, herefore entitled to benefits under	municipalities, railway, a supplementary public
Name of supplementary po			Insurance policy number
Address of supplementary	pension fund		
-	•	ublic officer, judge or regular soldi	er?
Yes	No		
Name of pension fund			Personnel number
Address of pension fund			
architect, notary, lav	vyer, tax advisor	an occupational pension scheme (e or auditor)?	e.g. as physician, chemist,
Yes Name of pension fund	No		Inquirongo policy number
Name of pension fund			Insurance policy number
Address of pension fund			
		or disability benefits (e.g. under ag ents, foreign pension funds)?	gricultural pension fund,
Name of pension fund			Insurance policy number
			. ,
Address of pension fund			
I hereby assure that t knowledge and belief		vided in this questionnaire is true and	I complete to the best of my
Place, date		Signature	

