

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 male 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
Deutsche Rentenversicherung _____ Deutsche Rentenversicherung Bund Deutsche Rentenversicherung Knappschaft-Bahn-See	

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
Current employer (including address and personnel number)			
since			
Previous employers since married (including address and personnel number)			

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