

OCCUPATIONAL RETIREMENT PROVISION

Reply regarding salary conversion

Employer

Personal data

Last name, first name:

Date of birth:

Telephone:

E-mail:

Address:

Marital status:

 Children (number):

Income data: (required for the calculation of tax advantages)

Monthly gross salary:

 EUR Number of salaries:

 Tax class:

VL paid by employer: yes no EUR

Type of health insurance: private statutory, additional contribution in %:

Church tax: yes no Federal state:

Current job:

Commencement of service:

Degree of employment: Full-time Part-time Marginal employment Seasonal worker

Highest qualification: School-leaving Vocational training University degree None

Request for proposal

Please prepare a proposal for direct insurance/Pensionskasse funded by salary conversion (in accordance with §3 (63) EStG (Income Tax Act)) based on a monthly premium of:

- 50 EUR 100 EUR 150 EUR 322 EUR (4% of the contribution assessment ceiling stipulated for West German statutory pension insurance in 2025)
- Individual premium EUR 644 EUR (8% of the contribution assessment ceiling stipulated for West German statutory pension insurance in 2025)
- Capital-forming payments (VL) are to be included in the premium.

I already contribute a monthly premium to an occupational pension plan EUR.
The contract was concluded before 2002. yes no

I wish to include disability provision as indicated below:

- I wish that in case of disability Allianz will continue to pay the premiums under old age provision on my behalf.
- I opt for a monthly disability pension of:
 500 EUR 750 EUR 1000 EUR 1250 EUR Individual pension: EUR

I wish to include Functional Impairment Policy as indicated below:

- I wish to obtain Functional Impairment pension in the following amount:
 500 EUR 750 EUR 1000 EUR 1250 EUR Individual pension: EUR

I wish to obtain personal advice before making a decision. Please contact me at:

Declaration of non-participation / waiver

- I was informed of the advantages of occupational retirement provision and currently do not wish to make use of the offer.

Consent

With my signature I consent to my employer transferring the above data to the competent intermediary for the purpose of informing, advising and servicing me as well as for calculating individual proposals for conclusion of an insurance contract between my employer and the selected companies of the Allianz Group within the scope of occupational retirement provision. This consent also comprises any necessary transfer of my personal data to selected companies of the Allianz Group.

I understand that I can revoke my consent towards my employer and the intermediary servicing my employer at any time without giving reasons and with effect for the future. I am aware that in doing so I can no longer make use of certain information and advisory services.

Place, date

Signature

Please always
return this page to the
personnel department.

Contract information

Last name, first name:

Address:

Customer number or contract number:

Landline:

Mobile:

E-mail

Marketing consent

It is important to us to be able to provide you with the advice you need at all times.

We at Allianz¹ would like to inform and contact you about our insurance, retirement planning and asset management products² as well as special services³ by e-mail, telephone, SMS and/or messenger service (WhatsApp, Facebook, Instagram, Xing, LinkedIn, iMessage).

I agree to Allianz contacting me for this purpose using the data⁴ I have provided.

We do not pass on your data to third parties without authorisation. You can object to the use of your data for advertising purposes at any time without stating a reason, e.g. online at allianz.de/werbewiderspruch

Consent to online contract management

Do you wish to comfortably manage your contracts online?

Yes, I wish to be able to inspect all contracts held with companies of the Allianz Group by using "My Allianz" at allianz.de or on the homepage of my Allianz service area.

Signatures (last name and first name)

Place, date

Signature of customer

Form was processed by

Name

Agency number

Our General Terms and Conditions for Insurance Contracts apply. Providing this information in English is a special service for you. All policy documents sent to you shall be in German. All communications on your policy relationship shall also be in German.

¹ With your consent, you authorise the following Allianz companies: Allianz Deutschland AG, Allianz Kunde und Markt GmbH, Allianz Versicherungs-AG, Allianz Private Krankenversicherungs-AG, Allianz Lebensversicherungs-AG, Deutsche Lebensversicherungs-AG, Allianz Pensionskasse AG, Allianz Pensionsfonds AG, Allianz Global Investors GmbH, Allianz Beratungs- und Vertriebs-AG and your Allianz agency(ies).

² Insurance, retirement planning and asset management cover, in particular: Property and casualty insurance, private health insurance, life insurance, asset management, construction loan and building society savings.

³ Our special services cover, in particular: Customer events, our customer benefits programme, tips on loss mitigation and customer satisfaction surveys.

⁴ Notes on data protection: Your contact data (such as title, name, address, e-mail address, telephone number), which you submitted or will submit within the scope of a contractual relationship or other contact with the Allianz companies listed or the competent Allianz agency(ies), will be processed and used for the stated purposes by the Allianz companies listed and the competent Allianz agency(ies). Please observe our data protection information under HYPERLINK "<http://allianz.de/datenschutz>"allianz.de/datenschutz