Deutsche Post AG
Niederlassung Renten Service
70143 Stuttgart
Deutschland

AUSTRIAN SOCIAL SECURITY NUMBER (VERSNR)

APPLICATION FOR DIRECT INTERNATIONAL TRANSFER OF AN AUSTRIAN PENSION

1.

First and last name of the eligible person		Date of birth
ZIP code	City, state, country	
Street, number		

2. **To be completed if the receiver of payment is the legal representative.**

First and last name of the receiver	ZIP code	City, state, country
Street, number		

3. **The direct transfer should be made to the following account on a ☐ monthly ☐ quarterly basis.**

☐ I have exclusive right of disposal of the account below.

☐ The account mentioned below is a joint account.

Holder of the account (first and last name)	Account number
Financial institution (full name and address)	
Bank sorting code / Routing number / BSB number / Branch institution number	BIC/SWIFT code
IBAN - International Bank Account Number	Tax ID

Direct transfer can only start after we have received complete and correct data.

4. Any payments made after the death of the eligible person must be transferred back to the Austrian pension insurance institution via Deutsche Post AG. I therefore instruct the financial institution with which I hold my account to transfer any overpayments back to the Austrian pension insurance institution via Deutsche Post AG – also with effect to my heirs and/or joint account holders.

5. Note concerning the use of your personal data: we process your data to fulfil a legal obligation pursuant to Article 6, Paragraph 1, Letter c) of the European Union General Data Protection Regulation (EU GDPR). Detailed information regarding this, such as the legal basis, processing purpose, storage duration, data protection officer's contact details, supervisory authority and your rights under the EU GDPR, can be found on our website www.rentenservice.de or on written request from Deutsche Post AG, Niederlassung Renten Service, 70143 Stuttgart, Germany.

Place ..... Date ..... Signature of the receiver .....

6. **Confirmation of financial institution:**

We take note of the application and **confirm** the statements made in **section 3**:

Place ..... Date ..... Signature / stamp of financial institution .....