

APK Vorsorgekasse AG
 Stahlstraße 2-4
 4020 Linz

Fax: 05 0275 5609
 Email: office@apk-vk.at

Transfer pursuant to Section 17 paragraph 2a BMSVG

Title	First name	Surname
Date of birth	Social security number	
Telephone	Email	

I would like to dispose of my accrued severance pay entitlement pursuant to Section 17, paragraph 2a BMSVG and request its transfer to the provision fund of my new employer¹⁾:

Corporate staff and self-employment provision fund:	
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I am fully aware that any subsequent changes to my contribution base documentation by the Main Association of Social Security Institutions may lead to additional contributions payable or the claiming back of any wrongfully disbursed severance pay entitlements.

By providing my contact details I consent to their electronic storage and their being used for the purpose of payment information by email. Your details will not be passed on to third parties.

 City, date

 Signature

Note: Please remember to enclose a copy of a valid photo ID with this request.

¹⁾ In the process, personal details such as name, address and social security number will be passed on to the recipient of the accrued severance pay entitlement.