KZVK
Werte für ein gutes Leben

Kirchliche Zusatzversorgungskasse
des Verbandes der Diözesen Deutschlands
Postfach 10 20 64
50460 Köln
Germany

CERTIFICATE OF LIFE

KZVK pension no.: | | | | | | | | | | |

1. Personal details

Surname:

First name:

Birth name:

Date of birth:

Street:

Building number:

Postcode:

City:

2. For widows and widowers only

I have remarried:

☐ Yes

Remarried on:

☐ No

Stand: Mrz. 2025

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CERTIFICATE OF LIFE

KZVK pension no.:

3. Signature

Place, Date:

Signature of pension beneficiary / authorised representative :

4. Confirmation by an official body

I hereby confirm that the pension beneficiary named above is alive. The pension beneficiary / guardian / legal representative has signed the above declaration before me or has confirmed the signature as their own. The identity check has been carried out by means of:

☐ Identity card

Identity card no:

☐ Passport

Passport no:

☐ Other

ID no:

Issued on:

Issued by:

Name and official title:

Signature:

Place, Date:

Seal

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