

# Application Form

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## Transfer of Contributions to Employer-Sponsored Savings Plans for Specific Purposes (*Vermögenswirksame Leistungen*)

Surname, given name

Agency with which employed and job title

Telephone (business)

Staff ID number

**Possible combinations: A only, B only, A and B together, or C only.**

### Information on the amount and performance of the transfers

**A**  I request that the monthly **employer's contribution** for the aforementioned contract be granted and transferred:

starting from  month  year

If known: The final transfer should take place with my earnings for:  month  year

**B**  Please transfer **employee contributions** from my earnings to the aforementioned contract:

monthly     quarterly     annually

in the following amount:  euros

The first transfer should take place with my earnings for:  month  year

If known: The final transfer should take place with my earnings for:  month  year

I would like to make a **one-time employee contribution** for the aforementioned contract in the amount of  euros

Date for the transfer of this one-time employee contribution from  month  year earnings

**C** **Employer contribution + employee contribution**

The total amount I am depositing under the aforementioned contract is:  euros per month

The first transfer should take place with my earnings for:  month  year

If known: The final transfer should take place with my earnings for:  month  year

**Transfer** of contributions to employer-sponsored savings plans for specific purposes (*vermögenswirksame Leistungen*, including the employer's contribution and/or employee contributions) **to a new contract**

**Modification** of information in already existing contracts, or **notice of the last date of transfer (cancellation)**

### Information on the institution/company with which contributions to employer-sponsored savings plans are to be deposited, and information on the form of deposit or investment

Name and address of the institution/company with which contributions are to be deposited

Contract number

Form of deposit or investment (e.g., savings contract for construction purposes, or *Bausparvertrag*)

### Bank account information of this institution/company

Name of financial institution

Account number

Bank routing number

In the case of deposits or investments for residential construction purposes or to pay a debt with regard to residential property pursuant to Sec. 2 (1) No. 5 of the Fifth Capital Formation Act (*Vermögensbildungsgesetz*):

Please transfer the contributions to my salary account (*Gehaltskonto*). The creditor's confirmation that the deposit or investment meets the statutory requirements is attached.

The Application Declaration printed on the next page is a component of this application. By signing below, you make this declaration.

Date

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Signature

**Important: Please enclose a copy of your contract, or a confirmation from the institution/company that has already been prepared for the employer, with this application. To ensure that the transfer of employee contributions can take place on time, please submit your application to the appropriate personnel service office no later than six weeks before the (first) transfer date.**

## **Application Declaration**

In the event of a change in the amount of the employer's contributions to employer-sponsored savings plans for specific purposes (*vermögenswirksame Leistungen*), I agree that the total sum of the deposit or investment made for such purpose (total deduction) will remain unchanged, and thus that the amount of the employee contribution may be adjusted accordingly.

I am aware that the determination of any employee savings supplement (*Arbeitnehmer-Sparzulage*) for which I may be eligible is made at the end of each calendar year and following my submission of an application to that effect to the Revenue Office (Finanzamt), which is responsible for assessment of taxes according to income (Sec. 14 (1) and (4) of the Fifth Capital Formation Act (*Vermögensbildungsgesetz*)). (Employee savings supplements are generally not disbursed until after the waiting period (*Sperrfrist*) or other time limit required for the respective type of deposit or investment has elapsed.)

I am aware that the employer's contribution to employer-sponsored savings plans is granted monthly. If the contract I have entered into with regard to the deposit or investment for such savings purposes should involve other than monthly transfers (agreement on quarterly or annual payments), the contract must permit ongoing monthly payments (i.e., it must also be capable of accepting a payment that is to be transferred monthly) so that my full claim to payment of employer contributions remains in effect.

If and insofar as, in the case of deposits or investments made for purposes of residential construction, the employer contribution is transferred directly to the employee's salary account (*Gehaltskonto*): I am aware that I am obligated to render notice when the contribution to employer-sponsored savings plans expires and, upon request, to provide proof that the contributions were used as intended.

I hereby irrevocably authorize and empower the abovementioned institution/company to transfer back to the State of Berlin any sums whose repayment the State of Berlin demands because they were transferred as deposits made under employer-sponsored savings plans for specific purposes (*vermögenswirksame Anlage*) without meeting the requirements. This authorization shall survive my death.

**If the final transfer date has not yet been determined at the time at which the contract is entered into, I agree to notify the personnel service without delay as soon as I become aware that the deposits made under employer-sponsored savings plans for specific purposes will be terminated (final transfer date).**

## **More information**

For more information, such as on which kinds of deposits and investments are eligible for this type of plan, please see the "Employer-Sponsored Savings Plans for Specific Purposes (*vermögenswirksame Leistungen*)" information sheet. Please consult your personnel service office if you have any further questions.

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### **For official use only:**

Agency name - stamp - Ref. No. - address where applicable	Date
	Tel.

### **To the employee:**

Dear Sir or Madam:

- Your application for the transfer of contributions to employer-sponsored savings plans for specific purposes (*vermögenswirksame Leistungen*) has been granted.
- Beginning on (date) \_\_\_\_\_, you will be granted a monthly employer contribution to employer-sponsored savings plans. The amount of this contribution will be listed in your payroll statement (*Gehaltsnachweis*).
- As per your request, transfers of a portion of your salary and/or the employer's contribution to employer-sponsored savings plans under the contract mentioned on the reverse will be carried out/modified/terminated as of (date)

Best regards,

