Appendix to the application for pension benefits

Sächsische Ärzteversorgung
Einrichtung der Sächsischen Landesärztekammer
Körperschaft des öffentlichen Rechts

Sächsische Ärzteversorgung Institution of the Sächsische Landesärztekammer Dr.-Külz-Ring 10 01067 Dresden	Membership number

Power of attorney for receipt of benefits

1. Information about the applicant

Surname	First name (preferred name)
Title	

2. Power of attorney

Being aware that, under the statutes, entitlement to benefits exists until the end of the month of death, I hereby authorize the

Sächsische Ärzteversorgung

Institution of the Sächsische Landesärztekammer

Dr.-Külz-Ring 10

01067 Dresden

to reclaim any benefits overpaid from the account to which they were transferred. This power of attorney remains valid beyond my death. The respective account-holding institution is not obliged to verify the authorization to reclaim funds.

Place, date	**Handwritten** signature of the account holder