

## 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  
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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	<b>Handwritten</b> signature of the account holder
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