

Name: _____

Adress: _____

Evonik Industries AG
Bereich Altersversorgung
45764 Marl
Germany

Attestation for continued payment of company retirement benefits

First name and last name: _____

Personnel ID (number): _____

Date of birth: _____

Marital status: _____

Place, date

**Personal signature of the benefits
Recipient**

Certification

**The agency/authority identified below herewith certifies that the above
Attestation was personally signed on this day by the benefits Recipient.**

Place, date

Official seal and signature