

Article 2 Fund

Eligibility Guidelines

2014

The Article 2 Fund is administered by the Claims Conference, but is governed by eligibility criteria established by the German government. The Claims Conference encourages people who think that they may have a claim to apply. If you have any questions concerning your eligibility, please contact your local Claims Conference office.

Under this program, eligible applicants receive monthly payments of €320, paid in quarterly installments.

Eligibility under the Article 2 Fund is limited to Jewish Nazi victims who were persecuted as Jews and who meet the following eligibility criteria:

- Were incarcerated* in a concentration camp or labor battalion *during specific time periods* as defined by the German Ministry of Finance at:
www.bundesfinanzministerium.de/Content/DE/Standardartikel/Themen/Oeffentliche_Finanzanzen/Vermoegensrecht_und_Entschaedigungen/Kriegsfolgen_Wiedergutmachung/2011-10-05-entschaedigung-von-ns-unrecht.html; or
- Were imprisoned for at least 3 months in a ghetto as defined by the German Ministry of Finance; or
- Were imprisoned for at least 3 months in certain “open ghettos” as defined by the German Ministry of Finance; or
- Were in hiding for at least 6 months, under inhumane conditions, without access to the outside world in German Nazi occupied territory; or
- Were in hiding for at least 12 months under inhumane conditions, without access to the outside world, in Nazi satellite states (Nazi instigation); or
- Lived illegally under false identity or with false papers for at least 6 months under inhumane conditions in German Nazi occupied territory; or

*The German government and Claims Conference have agreed that applications from Holocaust survivors who were in a concentration camp or a camp or labor battalion recognized by the German Ministry of Finance (see above), for a period of time less than 3 months, and do not receive an ongoing pension from the BEG, German Länderhärtefonds, Berlin PRVG, Austrian OpferfürsorgG, Israeli Ministry of Finance, Article 2 Fund or the Central and Eastern European Fund (CEEF), will be submitted by the Claims Conference for review by the Ministry of Finance to see whether those cases are cases of special hardship. Such survivors should contact the Claims Conference.

- Lived illegally under false identity or with false papers for at least 12 months under inhumane conditions in Nazi satellite states (Nazi instigation); or
- Were a fetus during time that their mother suffered persecution as described above.

Other Eligibility Requirements:

Geography

The Article 2 pension is available for all residents residing outside former communist-bloc countries of Eastern Europe and the former Soviet Union. Residents of either of these regions may be eligible for the [Central and Eastern European Fund \(“CEEF”\)](#).

Previous Compensation

If you receive a pension from one of the following programs, you are **not** eligible for an Article 2 pension:

- The German Federal Indemnification Law (BEG); or
- A Pension From the Israeli Ministry of Finance Under the Israeli Nazi Persecutions Disabled Persons Law 5717-1957; or
- The Austrian Law Regarding Relief for Victims (OFG); or
- The Law on Recognizing and Supporting People Persecuted by the Nazis For Political, Racial or Religious Reasons (PRVG); or
- The Pension for Victims of the Nazi Regime in the Former GDR (VDN); or
- The Central and Eastern European Fund (CEEF).

Income and Assets

The Article 2 pension is subject to income and asset limits set by the German government. The table below shows the current income limits and asset limits in USD, EUR, ILS, AUD and CAD. The limits for each currency are set by the German government according to a special exchange rate process, and do not necessarily reflect current exchange rates. For all other currencies not listed below, please see the [Income and Asset limits in Other Currencies](#).

Currency	Annual Income Limit	Asset Limit
US Dollar (USD)	\$25,000	\$500,000
Euro (EUR)	€ 21,079	€ 422,205
Israeli Shekel (ILS)	₪ 114,816	₪ 2,297,350
Australian Dollar (AUD)	\$34,201	\$685,130
Canadian Dollar (CAD)	\$29,103	\$583,010

When calculating whether the income limit has been met, the following criteria apply:

- Only the net income **after** taxes should be taken into account.
- Only the income of the applicant shall be taken into account (**NOT** the income of his/her spouse).
- When determining whether the income limit is met, the following are also not considered income: governmental pensions, retirement plan payments (401(k)), company or employment pensions, disability or life insurance pensions.
[Full list of payments and pensions that do not count towards income.](#)

Assets include, among other items, cash in the bank, the value of stocks and/or shares, any property the applicant owns, and the paid-up value of any life insurance policies. When calculating whether the asset limit has been met, the following criteria apply:

- Only “net assets” are relevant, that is, any debts, mortgages or annual taxes on or related to a particular property should be deducted in determining its net asset value.
- The value of the property in which an applicant resides should not be included as part of the assets calculation.
- If an asset is jointly owned, only the value of the asset the applicant owns is relevant. For example, if an asset is jointly owned by an applicant and her or his spouse, the applicant should include only half the value of the asset.

Heirs

Heirs are not entitled to file an application form. The applicant has to be alive at the time that the application is received by the Claims Conference.

If an applicant was ineligible at the time of application but at a later date became eligible due to changes in the criteria, the applicant can only receive payment if s/he was alive as of the date of the criteria change.

In the event that an applicant passes away after the application is submitted and the application would have ultimately been approved, the legal successor(s) who contacts the Claims Conference within the designated time and completes the appropriate documentation is entitled to the appropriate portion of a payment.

The legal successor to the eligible applicant is his or her spouse (or common law spouse) and if the spouse is deceased, his or her children in equal parts. If one or more of the children does not indicate, by completing the appropriate documentation within the specified time, that he or

she wishes to obtain his or her share of the payment, that share of the payment shall be distributed among the children that do complete the documentation within the specified time.

Appeals

Applicants not found eligible will have the right of appeal to the Independent Review Authority of the Claims Conference.

[More information regarding the Independent Appeals Authority.](#)

Important Note: All applicants are urged to check the Claims Conference website regularly as amendments to the criteria and clarifications are posted as they become available.

Pensions and Comparable Payments That Are Not Considered Income

The German Ministry of Finance has determined that “old-age pensions and pensions on account of reduced earning capacity, occupational accident, occupational illness, or death, or comparable benefits” should not be included in calculating an applicant’s income for the purpose of an application to the Article 2 Fund.

According to the German Ministry of Finance, the following pensions and comparable payments or benefits are not considered income for Article 2 Fund purposes:

- Old-age pensions, pensions on account of death (in particular, widow’s/widower’s pensions) or on account of reduced earning capacity (pensions on account of a fully or partially reduced earning capacity, and, for a transitional period, occupational disability pensions, invalidity pensions) paid by the statutory pension insurance providers.
- Old-age pensions, surviving dependants’ pensions and pensions on account of reduced earning capacity paid by the provider of old-age security schemes for farmers.
- Job-related injury or illness benefits or surviving dependants’ pensions paid by the statutory accident insurance providers
- Retirement pensions including benefits payable to surviving dependants and occupational accident retirement pensions resulting from employment or the holding of an office under public law, and comparable income paid by the providers of retirement insurance schemes for members of parliament.
- Pensions (old-age pensions, surviving dependants’ pensions or pensions on account of reduced earning capacity) paid by public insurance or pension institutions for certain professions.
- Pensions (old-age pensions, surviving dependants’ pensions or pensions on account of reduced earning capacity) agreed within the context of an employment relationship (occupational pensions).
- Pensions paid by providers of private life or pension insurance or general accident insurance, and benefits paid under other private retirement pension schemes

Income and Asset Limits in Multiple Currencies

Please refer to this chart to establish if your income and assets are below the limits:

Country	Currency	Currency Code	Annual Income Limit	Asset Limit
Argentina	Argentine Peso	ARS	133,450	2,725,397
Australia	Australian Dollar	AUD	34,201	685,130
Bolivia	Boliviano	BOB	200,928	4,025,000
Brazil	Real	BRL	58,190	1,165,650
Canada	Canadian Dollar	CAD	29,103	583,010
Chile	Chilean Peso	CLP	12,841,920	257,250,000
China (Hong Kong)	Yuan	CNY	201,511	4,036,690
Colombia	Colombian Peso	COP	57,108,480	1,144,000,000
Costa Rica	Colon	CRC	12,462,500	252,286,569
Cuba	Cuban Peso	CUP	555,555	11,552,850
Denmark	Danish Krone	DKK	157,588	3,156,815
Dominican Republic	Dominican Peso	DOP	1,039,500	20,901,626
Ecuador	United States Dollar	USD	25,000	500,000
Euro Zone	Euro	EUR	21,079	422,205
French Polynesia	Pacific Franc	XPF	2,513,472	50,350,000
Great Britain	British Pound	GBP	16,430	328,292
Guatemala	Quetzal	GTQ	195,812	3,910,562
Israel	New Shekel	ILS	114,816	2,297,350
Japan	Yen	JPY	2,941,985	58,934,000
Mexico	Mexican Peso	MXN	323,360	6,458,234
Morocco	Dirham	MAD	235,345	4,714,450
Netherlands Antilles	Antilles Florin (Guilder)	ANG	44,432	908,338
New Zealand	New Zealand Dollar	NZD	36,663	734,440
Norway	Norwegian Krone	NOK	169,346	3,392,355
Panama	Balboa	PAB	25,947	519,795
Peru	New (Nuevo) Sol	PEN	85,303	1,714,250

Philippines	Philippine Peso	PHP	1,325,251	26,547,500
Puerto Rico	United States Dollar	USD	25,000	500,000
Senegal	CFA Franc	XOF	13,825,244	276,948,000
South Africa	Rand	ZAR	246,688	4,967,631
Sweden	Swedish Krona	SEK	198,741	3,981,175
Switzerland	Swiss Franc	CHF	29,505	657,955
Thailand	Baht	THB	968,625	20,498,530
Tunisia	Tunisian Dinar	TND	41,105	821,585
United States	United States Dollar	USD	25,000	500,000
Uruguay	Uruguayan (New) Peso	UYU	596,544	11,950,000
Venezuela	Bolivar	VEB	157,105	3,145,750

If you require additional assistance in calculating your income and assets, please contact the Claims Conference at:

For permanent residents of Israel and Eastern Europe:

25 Carlebach Street,
Tel Aviv, 6713222
Mailing Address:
P.O. Box 29254
Tel Aviv, 6129201
ISRAEL

Tel: +972-3-519-4400
or +972-3-519-4401
Fax: +972-3-624-1056
infodesk@claimscon.org

For permanent residents of Europe and North Africa:

Sophienstrasse 44
60487 Frankfurt am Main
GERMANY

Phone: + 49 69/970701-0
Fax: + 49 69/970701-40
A2-HF-CEEF2@claimscon.org

For permanent residents of North America, South America, Australia and the rest of the world:

1359 Broadway
Room 2000
New York, NY 10018
USA

Tel: 646-536-9100
Fax: 212-679-2126
info@claimscon.org



CLAIMS CONFERENCE ♦ ועידת התביעות

Conference on Jewish Material Claims against Germany, Inc.

www.claimscon.org

Artikel 2-Fonds ♦ Article 2 Fund

Fragebogen ♦ Questionnaire

Füllen Sie bitte diesen Fragebogen - **in Deutsch oder Englisch** - erst nach dem Lesen der beiliegenden Anleitung in Maschinen- oder Druckschrift sorgfältig aus. Bitte fügen Sie Kopien aller Unterlagen bei, die Ihre Angaben belegen.

Legen Sie bitte eine Kopie Ihrer Geburtsurkunde und Heiratsurkunde, beglaubigt von einer der folgenden Stellen, vor: von einem Notar, deutschen Konsulat, einer Bank, einem Amcha-Büro in Israel, einer staatlichen Behörde in Israel, von einer jüdischen Gemeinde oder von einer Sozialfürsorgestelle, die über ein entsprechendes Siegel verfügt. Eine Beglaubigung anderer Unterlagen ist zum jetzigen Zeitpunkt nicht notwendig.

Das Stellen eines Antrags auf Entschädigung bei der Claims Conference ist gebührenfrei. Sie müssen niemanden dafür bezahlen, dass Sie ein Antragsformular erhalten und es ist nicht erforderlich, sich beim Ausfüllen oder Einreichen des Antragsformulars helfen zu lassen. Falls Sie Hilfe bei der Antragstellung benötigen, können Sie sich an ein Regional- oder Verbindungsbüro der Claims Conference wenden. Auch dies ist kostenlos.

Please read carefully the attached instructions before filling in this application form, **use typescript or block letters in English or German**.

Please include copies of all documents which substantiate your statements. Please provide a copy of your birth certificate and marriage certificate authorized by one of the following: notary public, German consulate, bank, Amcha office in Israel, governmental office of the State of Israel or Jewish social service agency possessing a seal. Copies of other documents do not need to be authorized at this time.

There is no fee to apply for compensation from the Claims Conference. You do not need to pay anyone for this application form and you are not required to obtain assistance in completing and/or submitting this application form. If you need assistance to apply, you may contact your local Claims Conference or Liaison office - without any fee.

1. Persönliche Angaben / Personal Details

Art und Nummer des amtl. Ausweises (Fotokopie beifügen) / Type and number of official identity document (please attach photocopy)	in Israel - Identitätsnummer / In Israel - Identity Number	in USA - Sozialversicherungsnummer / In USA - Social Security Number	
	in anderen Ländern: Ausweis/Pass / In Other Countries: Document/Passport		
	Art des Ausweises / Type of document	Nummer / Number	
Familienname / Family Name		Vorname / First Name	
Geburtsname bei Frauen / Maiden Name		Frühere Namen oder andere Schreibweisen / Former Name or Different Spelling	
Ständiger Wohnsitz / Permanent Address	Straße, Nr., Apt. / Street, Number, Apartment		
	Ort / City/Town		Postleitzahl / Postal Code
	Bundesland oder Region / State or Region		Land / Country
Telefon Nr. / Telephone No.		Fax Nr. (falls gewünscht) / Fax No. (optional)	E-Mail (falls gewünscht) / Email (optional)
Geburtsdatum / Date of Birth Tag / Day Monat / Month Jahr / Year		Geburtsort / City/Town of Birth	Bezirk / State or Region of Birth Land / Country of Birth
Geschlecht / Gender Männlich <input type="checkbox"/> Male Weiblich <input type="checkbox"/> Female		Personenstand / Personal Status Ledig <input type="checkbox"/> Single Verheiratet <input type="checkbox"/> Married Verwitwet <input type="checkbox"/> Widowed Geschieden <input type="checkbox"/> Divorced	
Jetzige Staatsangehörigkeit / Present Citizenship		Frühere Staatsangehörigkeit / Former Citizenship	
Waren Sie von jüdischer Abstammung oder Religion während der Verfolgung? / Were you of Jewish descent or religion during the time of persecution? Nein <input type="checkbox"/> No Ja <input type="checkbox"/> Yes			
Gewünschte Korrespondenzsprache / Preferred Language for Correspondence: Englisch <input type="checkbox"/> English Deutsch <input type="checkbox"/> German Russisch <input type="checkbox"/> Russian Hebräisch <input type="checkbox"/> Hebrew Französisch <input type="checkbox"/> French			
Weitere Kontaktperson (falls gewünscht) / Alternate Contact (optional)	Falls wir ein Problem haben sollten, Sie zu kontaktieren, in case we have a problem in contacting you, please nominate a family member or friend, member or friend that you would like us to contact regarding your application. den wir bezüglich Ihres Antrags kontaktieren können.		
	Familienname / Vorname / Family Name and First Name		Beziehung zum Antragsteller (Bitte wählen Sie eine aus): Ehepartner <input type="checkbox"/> Spouse Kind <input type="checkbox"/> Child Anderes <input type="checkbox"/> Other Nur ausfüllen, wenn „Anderes“ angekreuzt wird: Fill in only if you mark "Other": _____
	Straße und Hausnummer / Street Name and No.		Ort / City/Town Postleitzahl / Postal Code or Zip Code
	Land / Country		Bundesland oder Region / State or Region
	Telefon Nr. / Telephone No.		Fax Nr. (falls gewünscht) / Fax No. (optional) E-Mail (falls gewünscht) / Email (optional)

Identitätsnummer, so wie im P.1 /
Identity No. as written in Section 1

2. Wohnort bei Beginn der Verfolgung / Residence at the Beginning of Persecution

Stadt oder Ort / Place	Land / Country	Seit wann / Since when 19 __ __
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3. Aufenthalt während der Verfolgung / Where Were You during the Period of Persecution?

Nr. / No.	Von / From	Bis / To	Ort der Verfolgung im genannten Zeitabschnitt / Place of persecution within the indicated time periods	Art der Verfolgung (KZ, Ghetto, Leben im Versteck oder in der Illegalität, Leben unter haftähnlichen Bedingungen) bitte genau angeben / Type of persecution (KZ, Ghetto, life in hiding or illegality, life under conditions resembling imprisonment) Please state precisely
1				
2				
3				
4				
5				
6				

4. Alle Wohnländer nach der Verfolgung bis heute / All Countries of Residence after Persecution until Today

Nr. / No.	Land / Country	Von / From	Bis / To
1			
2			
3			
4			
5			

5. Wohnsitz in Berlin / Residence in Berlin

Waren Sie jemals wohnhaft in Berlin ? Did you at any point in time stay or reside in Berlin?	Nein <input type="checkbox"/> No	Ja <input type="checkbox"/> Yes
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6. Kurze Beschreibung des Verfolgungsschicksals mit Angabe von Orten und Zeiten (Bitte verwenden Sie ein separates Blatt Papier, falls der Platz nicht ausreicht) / **Please provide a concise description of persecution history with details of dates and places of persecution** (please use separate sheet of paper if space is not sufficient)

Lined area for writing a concise description of persecution history, including details of dates and places of persecution.

7. Sonstige Entschädigungsleistungen / Other Compensation Payments

(a) Haben Sie eine Entschädigung aufgrund des deutschen Bundesentschädigungsgesetzes (BEG) erhalten? / (a) Did you receive compensation on the basis of the German Federal Indemnification Law (BEG)?

Nein [] No Ja [] Yes



Wenn ja, bitte Fotokopie der Bescheide beifügen. Falls Sie keinen Bescheid mehr haben, bitte den erhaltenen DM-Betrag, wenn möglich die Entschädigungsbehörde und das Aktenzeichen angeben

If yes, please enclose a photocopy of the decision. If you do not have the decision anymore, please state the DM amount received. If available, please state name of indemnification agency and file number.

Table with 5 columns: DM, Wegen / Reason Received, Entschädigungsbehörde / Indemnification Agency, Aktenzeichen / File Number. Rows include Einmalige Entschädigung / One-time payment and Monatl. Rente / Monthly pension.

Ich erhalte derzeit eine Rente für Verfolgung während des Holocaust von (bitte nennen Sie das Land oder die Organisation):

I currently receive a pension for persecution during the Holocaust from (list the country or organization):

(b) Erhalten Sie eine Rente vom israelischen Finanzministerium gemäß dem Gesetz für Invaliden der NS-Verfolgung?

(b) Do you receive a pension from the Israel Finance Ministry pursuant to the law for "Invalids of Nazi Persecution"?

Wenn ja, bitte Aktenzeichen angeben:

If yes, please state the file number:

Nein [] No Ja [] Yes



(c) Haben Sie jemals erhalten oder erhalten Sie eine Entschädigung nach dem österreichischen Opferfürsorgegesetz (OFG)?

(c) Did you or do you receive compensation under the Austrian law regarding relief for victims (OFG)?

Nein [] No Ja [] Yes

(d) Haben Sie jemals erhalten oder erhalten Sie eine Entschädigung von Berlin nach dem Gesetz über die Anerkennung und Versorgung der politisch, rassisch oder religiös Verfolgten des Nationalsozialismus (PrVG)?

(d) Did you or do you receive compensation from Berlin under the law on recognizing and supporting people persecuted by the Nazis for political, racial or religious reasons (PrVG)?

Nein [] No Ja [] Yes

(e) Haben Sie einen Antrag an den Hardship Fund der Claims Conference auf Zahlung von DM 5.000 (2.556,46 Euro) gestellt?

(e) Did you file a claim with the Claims Conference Hardship Fund for the payment of DM 5,000 (Euro 2.556,46)?

Wenn ja:

If yes:

Zahlung erhalten [] Payment received

Antrag abgelehnt [] Claim rejected

Noch keine Entscheidung [] Not as yet decided

Bitte Aktenzeichen angeben

Please state the file number

(f) Haben Sie einen Antrag an den Central and Eastern European Fund (CEEF) gestellt?

(f) Did you file a claim with the Claims Conference Central and Eastern European Fund (CEEF)?

Nein [] No Ja [] Yes

Wenn ja, bitte Aktenzeichen angeben

If yes, please state the file number:

(g) Haben Sie einen Antrag auf Zahlung aus dem Programm für ehemalige Sklaven- und Zwangsarbeiter gestellt?




(g) Did you apply for a payment from the Program for Former Slave and Forced Laborers?

Nein [] No Ja [] Yes

Wenn ja, bitte Aktenzeichen angeben

If yes, please state the file number:

**8.1 Angaben über die Eltern (bitte auch ausfüllen, falls verstorben) /
Information about parents (please complete also if deceased)**

Angaben / Details	Vater / Father	Mutter / Mother
Familienname Family Name		
Vorname First Name		
Vatersname (soweit zutreffend) Patronymic Name (if applicable)		
Geburtsname bei Frauen Maiden Name		
Adresse Address		
Geburtsdatum Date of Birth	Tag / Day Monat / Month Jahr / Year	Tag / Day Monat / Month Jahr / Year
Geburtsort City/Town and Country of Birth		
Datum des Todes Date of Death	Tag / Day Monat / Month Jahr / Year	Tag / Day Monat / Month Jahr / Year
Ort des Todes City/Town and Country of Death		
Beruf (falls bekannt) Occupation (if known)		
In welchem Jahr verließen sie den kommunistischen Machtbereich? What year did they leave the sphere of Communist influence?		
Wurde ein Antrag an die Claims Conference gestellt? Was an application submitted to the Claims Conference?	Nein <input type="checkbox"/> No Ja <input type="checkbox"/> Yes 	Nein <input type="checkbox"/> No Ja <input type="checkbox"/> Yes 
Wenn ja, geben Sie bitte die Reg.-Nr. an: If yes, please state the registration number		
Wurden Sie zusammen mit Ihren Eltern verfolgt? Were you persecuted together with your parents?		
		Nein <input type="checkbox"/> No Ja <input type="checkbox"/> Yes
Waren Sie während der Verfolgung die ganze Zeit zusammen? Were you together all the time during persecution?		
		Nein <input type="checkbox"/> No Ja <input type="checkbox"/> Yes 
Falls nicht, wo waren Ihre Eltern? If not, where were your parents?		
Warum waren Sie von Ihren Eltern getrennt? Why were you separated from your parents?		

Identitätsnummer, so wie im P.1 /
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9. Angaben über den Ehegatten (auch, falls verstorben) / Spouse Details (please complete also if deceased)

Vor- und Nachname des Ehegatten / First and Family Name of Spouse			Mädchenname bei Frauen / Maiden Name for Women			Geschlecht / Gender Männlich <input type="checkbox"/> Male Weiblich <input type="checkbox"/> Female		
Geboren am Date of Birth			Tag / Day	Monat / Month	Jahr / Year	Geburtsland / City/Town and Country of Birth		
Datum der Eheschließung Date of Marriage			Tag / Day	Monat / Month	Jahr / Year	Stadt/Ort und Land der Eheschließung / City/Town and Country of Marriage		
Falls verstorben, Datum des Todes If deceased, Date of Death			Tag / Day	Monat / Month	Jahr / Year	Stadt/Ort und Land des Todes / City/Town and Country of Death		

10. Angaben über die Kinder / Children's Details

Vor- und Nachname / First and Family Name	Geburtsdaten / Date of Birth			Geburtsorte / City/Town and Country of Birth	Wohnorte / Residence
	Tag / Day	Monat / Month	Jahr / Year		

11. Einkommensinformation. Diese Frage bezieht sich auf Ihr Nettoeinkommen. Sie bezieht sich nicht auf das Nettoeinkommen Ihres Ehepartners.

Bitte geben Sie die verschiedenen Quellen Ihres jährlichen Einkommens und den jährlichen Betrag Ihres Einkommens aus allen Quellen an (z.B. Einkommen aus derzeitiger Beschäftigung, Einkommen aus Vermietungen und Verpachtungen, Einkommen aus Wertanlagen, Einkommen aus Bankzinsen, Dividenden etc).

Hinweis:

Nicht zu berücksichtigen sind Altersrenten (einschließlich Beamtenpensionen, gesetzlicher Renten, Betriebsrenten oder Rentenpläne), Renten wegen verminderter Erwerbsfähigkeit, Arbeitsunfalls, Berufskrankheit sowie Hinterbliebenenrenten oder vergleichbare Leistungen.

Berücksichtigt wird nur das Nettoeinkommen des Antragstellers. Falls Sie und Ihr Ehepartner ein gemeinsames Einkommen haben, schreiben Sie sich selbst bitte die Hälfte dieses Einkommens zu.

Spezifische Informationen bezüglich Fragen zur Einkommensgrenze finden sich auf der Website der Claims Conference.

Falls wir weitere Informationen über Ihre finanzielle Situation benötigen, werden wir uns mit Ihnen in Verbindung setzen.

Einkommensquellen Sources of income		Jährlicher Betrag (netto) Yearly amount (net)
Währung/ Currency/	Gesamtbetrag des Jahreseinkommens (netto)/ Total amount (net)	

Specific information on issues related to the income limit can be found on the Claims Conference website.

If further details are required regarding your financial situation we will contact you.

Vermögenserklärung

“Vermögen” umfasst unter anderem Bankguthaben, Wertpapier-/Aktienvermögen sowie Grundeigentum (Häuser, Grundstücke), das sich in Ihrem Eigentum befindet, ebenso den Rückkaufwert von Lebensversicherungen. Nur das “Netto-Vermögen” ist relevant, das heißt, Sie sollten vom Wert des Eigentums/Vermögens jegliche Schulden, Hypotheken oder jährlichen Steuern abziehen. Berücksichtigen Sie nicht den Wert des Grundeigentums, in dem Sie selbst wohnen. Gehört ein Vermögenswert mehreren Personen, ist nur der Wert des Eigentums/Vermögens relevant, der Ihnen selbst gehört.

11. Income Information. This question relates to your net income. It does not include the net income of your spouse.

Please indicate the different sources of your annual income and annual amount of income from all sources (e.g., income from current employment, income from rental properties you own, income from investments, income from bank interest, income from dividends, etc.)

Please note:

Please disregard old age pensions (including governmental pensions, social security payments, occupational pensions, retirement plans) and pensions awarded for reduction in earning capacity, for industrial injury, occupational disease or loss of life and comparable payments.

Only the net income of the applicant is taken into account. If you have joint income with your spouse, you should attribute half of this income to yourself.

Declaration as to assets

Assets include, among other items, cash in the bank, the value of stocks/shares and any property you own or the paid-up value of a life insurance policy. Only “net assets” are relevant i.e. you should deduct from the value of the property of any debts, mortgages or the annual tax on or related to the property. Do not include the value of the property in which you reside. If any asset is jointly owned, only the value of your share of the asset is relevant. For example if an asset is jointly owned by you and your spouse or several persons, you should include only the value of your own share of the asset.

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Mein Nettovermögen, so wie oben erläutert, beträgt:

My net assets as explained above are:

Euro		US-Dollar (\$) / US Dollars		oder other	andere Währung / Currency/	
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Ich erkläre hiermit, dass die obigen Angaben auf dieser Erklärung wahr sind und ich sie entsprechend der Tatsachen nach bestem Wissen und Gewissen gemacht habe. Ich weiß, dass Falschangaben Rückforderungen bereits geleisteter Zahlungen aus dem Artikel 2-Fonds und weitere rechtliche Schritte nach sich ziehen.

I declare that to the best of my knowledge and belief that the above information given in this form is true and correct and that any false statement would result in a demand for return of payments from the Article 2 Fund and further legal consequences.

12. Gesamtzahl der Seiten, die diesem Antrag beigelegt sind: /
Total number of pages attached to this application:

13. Erklärung / Declaration

Ich versichere, dass alle vorstehenden und beigelegten Erklärungen richtig sind.

I declare that all above and attached statements are true.

Ich bin mir bewusst, dass ich bei wissentlich unrichtigen Angaben mit einer Abweisung zu rechnen habe.

I am aware that knowingly making untrue statements will result in a rejection.

Ausschließlicher Gerichtsstand ist Frankfurt am Main, Bundesrepublik Deutschland, und ich erkläre hiermit mein bedingungsloses Einverständnis dazu. Ich erkläre mich weiterhin damit einverstanden, dass etwaige Streitigkeiten ausschließlich nach den entsprechenden Regelungen in Deutschland zu entscheiden sind.

I hereby unconditionally agree that Frankfurt am Main, Germany is the court of exclusive jurisdiction. I also agree that any dispute shall be decided according to the laws of the Federal Republic of Germany.

Mir ist bekannt, dass auf die Leistung aus dem Article 2-Fonds kein Rechtsanspruch besteht. Ich verzichte - soweit dies gesetzlich zulässig ist - unwiderruflich darauf, jetzt oder später irgendwelche Ansprüche in Verbindung mit diesem Antrag und seiner Bearbeitung gegenüber der Conference on Jewish Material Claims against Germany, Inc. geltend zu machen.

I am aware that I have no legal entitlement to receive assistance from the Article 2-Fund. Without derogating from the above, I irrevocably waive - insofar as this is legally admissible - any claim that I have or may later assert against the Conference on Jewish Material Claims against Germany relating to or connected with this application or the processing thereof.

Ich ermächtige die Claims Conference, alle mich betreffenden Akten bei Behörden, Gerichten, Archiven und Institutionen in und außerhalb Deutschlands einzusehen und zu diesem Zwecke Untervollmachten zu erteilen.

I hereby authorize the Claims Conference to inspect any documents concerning my person at the authorities, courts, archives and institutions in Germany and abroad and to obtain from there any information and documents relating to me. I authorize the Claims Conference to delegate this authority to another person for this purpose.

Mir ist bekannt und ich stimme zu, dass die Daten in Verbindung mit diesem Antrag an die USA weitergeleitet werden. Ich erkläre mich des Weiteren damit einverstanden, dass meine Angaben zwecks Nachprüfung dem deutschen Finanzministerium und Bundesrechnungshof im Rahmen der datenschutzrechtlichen Bestimmungen der Bundesrepublik Deutschland zur Verfügung gestellt werden.

I am aware and agree to the data connected to this application being forwarded to the USA. I also agree to this data being made available to the German Ministry of Finance and the Federal Audit Office for review purposes, in the framework of the data protection provisions of the Federal Republic of Germany.

Ich erkläre mein Einverständnis dazu, dass die Claims Conference zusätzliche Informationen und Dokumente für die Bearbeitung meines Antrages einholen kann.

I agree that the Claims Conference may request additional information and documents to process my application

Datum / Date

Ort und Land / City/Town and Country

Unterschrift / Signature

Die obige Unterschrift des Antragstellers/der Antragstellerin, der/die sich mit:

The above signature of the applicant is hereby certified through identity confirmation by:

Pass Passport

Identitätskarte Identity Card

Anderes gültiges Dokument mit Foto Other valid document with photo

Bitte benennen Sie dieses Dokument Please name the document

ausgewiesen hat, wird hiermit beglaubigt: /

Die Nummer des amtlichen Ausweispapiers lautet: / The number is:

Datum / Date

Ort und Land / City/Town and Country

Unterschrift und Siegel des Beglaubigenden /
Certifier's Signature and Seal

Article 2 Fund Application Instructions

Please read these instructions carefully before completing the application.

There is no fee to apply for compensation from the Claims Conference. You do not need to pay anyone for this application form and you are not required to obtain assistance in completing and/or submitting this application form from outside. If you need assistance to apply, you may contact your local Claims Conference or Liaison office – without any fee.

Applications must be submitted with an original signature, dated and authorized (by a notary public, bank, German consulate, Amcha office in Israel, governmental office of the State of Israel, or a Jewish social service agency possessing a seal). Please do not send in original supporting documents (proof of persecution, identity cards etc) – only photocopies. We suggest that you keep a copy of your completed application form.

We understand that filling in this form is difficult for those who have suffered so much. This information is required to process the application. We will endeavor to do so as quickly and sensitively as possible.

Please read the notes regarding each question before completing the application form

You can help expedite processing your application by typing or printing all answers clearly in block letters and enclosing copies of all relevant documents. The application form must be completed in Latin letters.

Please note: Heirs are not entitled to file an application form. The victim has to be alive at the time of filing the application. If an applicant was ineligible at the time of application but at a later date became eligible due to changes in the criteria, the applicant must be alive as of the date the criteria under which they are eligible took effect in order to receive payment.

Persons who currently reside in any of the former communist-bloc countries of Eastern Europe or the former Soviet Union should apply to the Central and Eastern European Fund (“CEEF”).

Notes corresponding to questions on the application form.

The notes in this section are numbered to correspond to the questions on the application form.

Question 1. Please write your name, any former names, address and telephone number, and your preferred language of correspondence clearly so that we can contact you at

any time. Fax and email address are optional. Please notify us without delay if you change your name or address.

Please give us an alternate contact in case we have a problem contacting you.

Please enter the complete number of your identity card / social security / passport number as it appears in the document and enclose a photocopy. Israeli citizens are required to submit their Israeli ID number.

Question 2. Please give exact details of your last place of residence at the beginning of persecution.

Question 3. Please list all places of detainment in chronological order. If possible give the month (e.g. Jan/43 or 01/43). If you do not remember the details, please state the time of year (e.g. Winter 1943).

Question 4. Please list all countries where you were permanently resident after persecution.

Question 6. Please give a detailed description of persecution mentioning anything you consider important. If necessary please continue on a separate sheet of paper. Please send copies of any documents proving your persecution. If you no longer have any supporting documents please give any details you remember, such as:

- Living conditions, description of imprisonment, detainment or ghettoization, details of persecution at the place of confinement
- What kind of forced labor was carried out and significant events, if any, that occurred in the camp or in conjunction with this labor
- Date of any transfer to another camp or ghetto and date of liberation. Please give the details in chronological order
- The dates of any other major events that took place in the camp or ghetto
- If you lived in a hiding place describe exactly where you hid, who hid you, the living conditions, the daily routine, how you obtained food and so on.

Question 7b. If you receive a pension from the Israel Finance Ministry pursuant to the law for "Invalids of Nazi Persecution," please give the file number.

If you applied to the Hardship Fund, CEEF, or Program for Former Slave and Forced Laborers, please give the file number.

Question 9. Please list all spouses including those deceased or divorced.

Question 10. Please enclose copies of birth certificates of any children born during or

immediately after persecution. This will speed up the processing of your application.

Question 11. It will help us process your application if we have full details of your family.

Question 12. Only your income is taken into account. If you have joint income with your spouse, you should attribute half of this income to yourself. When you insert the total income, please insert the “net” income (i.e., the relevant income after tax).

Documents

Please include photocopies of the following documents, if you have them:

- Birth certificate
- Document(s) relating to any change of name (if relevant)
- Marriage certificate
- Identification card (ID card, social security card or passport)
- Document showing your current nationality (passport, naturalization certificate etc)
- Documentary proof of your persecution

Copies of birth certificates and marriage certificates must be authorized by **one** of the following:

- Notary public
- German consulate
- Bank
- Amcha office in Israel
- Governmental office of the State of Israel
- Jewish social service agency possessing a seal.

Copies of other documents do not need to be authorized at this time.

PLEASE READ THE DECLARATION AT THE END OF THE APPLICATION VERY CAREFULLY PRIOR TO SIGNING THE APPLICATION FORM.

Please give any additional details of persecution on a separate sheet of paper and send it with your completed and signed application form to the appropriate address below:

- Residents of Israel to:
Claims Conference
P.O. Box 29254
Tel Aviv, Israel 6129201
Tel: 03-519-4400
Fax: 03-624-1056
Email: infodesk@claimscon.org

- All others to:

Claims Conference
Hardship Fund
Graefstrasse 97
60487 Frankfurt am Main
Germany
Tel.: ++49+69-71374830
Fax: ++49+69-721104
E-mail: A2-HF-CEEF2@claimscon.org

or to:

Claims Conference
Hardship Fund
1359 Broadway, Suite 2000
New York, NY 10018
USA
Tel: ++1-646-536-9100
Fax: ++1- 212-685-5299