

**Pension Application to the Competent Foreign Institution**

Invalidation Pension  Old-age Pension

**Personal details of the beneficiary**

**1.1. Identification**

Full name

Social Security Identification Number

Taxpayer no.

Birth date

 -  -   
year month day

Mobile phone/Phone no.

Email

**1.2. Other details**

Countries where you have worked	Period/s (year-month-day)	Insurance or Registration Number
	from - - to - -	
	from - - to - -	
	from - - to - -	

Please state your last address abroad:

Locality

Postal Code

Are you still working?  Yes  No

If you ticked Yes, please indicate the type of activity:

Employee  Self-employed person  Civil servant

Last occupation

Country

Did you work as a miner?  Yes  No

If you ticked Yes, please specify:

In underground mining  Within the quarry perimeter

Type of extraction:

Countries where you worked as a miner	Employer/s

Do you have other income?  Yes  No

If you ticked Yes, please indicate:

Type of income:

Monthly amount:  €

## Personal details of the beneficiary (continuation)

### 1.3. Pensions/benefits applied for or granted

(Please tick the pensions/benefits you have applied for or are receiving)

	Pension/benefit	Applied for	Receiving
1	Sickness Benefit due to Incapacity for Work	<input type="checkbox"/>	<input type="checkbox"/>
2	Unemployment Benefit	<input type="checkbox"/>	<input type="checkbox"/>
3	Invalidity Pension	<input type="checkbox"/>	<input type="checkbox"/>
4	Old-age Pension	<input type="checkbox"/>	<input type="checkbox"/>
5	Survivor's Pension	<input type="checkbox"/>	<input type="checkbox"/>
6	Work Accident or Occupational Disease Pension	<input type="checkbox"/>	<input type="checkbox"/>
7	Military Pension	<input type="checkbox"/>	<input type="checkbox"/>
8	Civil Service Pension Scheme	<input type="checkbox"/>	<input type="checkbox"/>

If you have applied for or are already receiving one the pensions/benefits referred to in sections 1 to 8, please indicate:

Name of the authority (national or foreign) to which you have submitted the application or that is paying your pension/benefit

Address of the authority concerned

### 1.4. Activity abroad (specific situations)

#### To be completed if you have worked in France

If you are **aged between 60 and 65**, please state which pension from the French Social Security you are applying for:

- Old-age pension due to incapacity<sup>1</sup>
- Old-age pension at full rate (if you meet the qualifying conditions)
- Old-age pension at a reduced rate
- You wish to postpone the pension application to a later date<sup>2</sup>

Have you applied for a supplementary pension from the competent French institution?  Yes  No

Are you receiving this benefit?  Yes  No

If you ticked Yes, please indicate the quarterly amount:  €

If you ticked No and chose to apply for the Old-age Pension due to incapacity or the Old-age Pension at a reduced rate, do you want your supplementary pension application to be submitted together with your basic pension application?

Yes  No<sup>3</sup>

<sup>1</sup> The granting of this benefit implies recognition of the situation of incapacity by the competent authorities.

<sup>2</sup> In this case, you must submit the pension application three months before the desired date, to the District Centre of the Social Security Institute, I.P. of your residence area.

<sup>3</sup> If you are applying for the supplementary pension before the age of 65, the respective amount is subject to a permanent reduction. If the application is submitted between the age of 60 and 65, there will be no reduction in the pension amount if you are:

- ▶ Receiving an old-age pension at full rate under the French basic scheme.
- ▶ Receiving an old-age pension due to incapacity under the French basic scheme.

#### To be completed if you have worked in Germany

Have your contributions been reimbursed to you?  Yes  No

Have you raised your children in Germany during their first 12 months of life?  Yes  No

If you ticked Yes and you are a man, did you apply for the recognition of child-raising insurance periods until 31-12-1996?

Yes  No

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## Personal details of the beneficiary's spouse/ex-spouse

### 2.1. Spouse (husband/wife)

Full name of the spouse

Birth date

 -  -   
year month day

Date of marriage

 -  -   
year mês day

Is he/she working?  Yes  No If you ticked Yes, please indicate the type of activity:

Employee  Self-employed person  Civil servant Monthly remuneration:  €

If your spouse is **aged between 60 and 65**, is he/she permanently incapable of carrying out his/her activity?<sup>1</sup>

Yes  No

Did he/she work abroad?  Yes  No If you ticked Yes, please indicate:

Country:  Insurance or Registration Number:

Has he/she applied for or is he/she receiving any pension/benefit from the Portuguese or foreign Social Security?<sup>2</sup>

Yes  No If you ticked Yes, please indicate:

Type of pension/benefit:  Beneficiary no.:

Monthly amount:  € Paying authority:

Does your spouse have other income?  Yes  No If you ticked Yes, please specify:

Type of income:  Monthly amount:  €

Did your spouse reside in **Switzerland** or the **Netherlands**?  Yes  No If you ticked Yes, please indicate:

Address	Period/s (year-month-day)
<input type="text"/>	from - - to - -
<input type="text"/>	from - - to - -
<input type="text"/>	from - - to - -

### 2.2. Ex-spouse (ex-husband/ex-wife) (to be completed if the beneficiary has been married more than once)

Full name of the ex-spouse

Birth date

 -  -   
year month day

Date of marriage

 -  -   
year month day

Date of divorce

 -  -   
year month day

Date of death

 -  -   
year month day

Nationality

Address

Locality

Postal Code

<sup>1</sup> This situation must be confirmed by a medical examination.

<sup>2</sup> Invalidity Pension, Old-age Pension, Survivor's Pension, Work Accident or Occupational Disease Pension, Sickness Benefit, Unemployment Benefit or other benefit.

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### Personal details of the beneficiary's spouse/ex-spouse (continuation)

Did your ex-spouse/s reside in **Switzerland** or the **Netherlands**?  Yes  No If you ticked Yes, please indicate:

Address	Period/s (year-month-day)
	from - - to - -
	from - - to - -
	from - - to - -

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### Details of the descendant/s<sup>1</sup>

Full name	Birth date (year-month-day)	Date of marriage (year-month-day)	Date of death (year-month-day)
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -

Please state the names of the descendants for whom you receive family benefits or the Family Benefit for Children and Young People (whether paid by a Portuguese or foreign institution) and indicate the paying authority:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Even if married, disabled, in school or vocational training, adopted or deceased.

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### Statements

I am aware that false statements are punished according to the law.

I declare that the information I have provided is complete and true.

Date

\_\_\_\_-\_\_\_\_-\_\_\_\_  
year month day

Signature

\_\_\_\_\_

Signature of the declarant or of another person on his/her behalf (signature of another person when the declarant cannot or does not know how to sign) according to a valid identification document.

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### Information



#### Documents to submit

- ▶ Foreign insurance or registration cards.
- ▶ All employment certificates or all payslips/salary statements.
- ▶ All insurance certificates (AVS/AI and AHV/IV), stamp booklets, permanent or temporary residence certificates, and work certificates if the person concerned has worked in Switzerland.
- ▶ Valid ID document of the descendant/s (Citizen Card or Identity Card).
- ▶ Pension proof - notification.
- ▶ Documents attesting the insurance career, if the person concerned has worked in Germany.
- ▶ Form 5081 - Statement - Insured Person's Career.

## Information (continuation)

### € Bank account

The payment of all your current or future benefits/allowances or pensions will be made by bank transfer to the IBAN (International Bank Account Number) registered in the Social Security Information System.

If you have not registered your IBAN yet or if you want to update it, you can do so:

- ▶ Through the Social Security Online Service (*Segurança Social Direta*) at [www.seg-social.pt](http://www.seg-social.pt).
- ▶ At the Social Security Customer Information Services, by submitting the Application form MG 14 - IBAN Registration or Change (*Requerimento de Registo ou Alteração de IBAN*).

If the IBAN registered is incorrect or if you do not have an IBAN registered in the system, the payment of all your current or future benefits/allowances or pensions will be made using the payment method that is registered in the Social Security information system.

### ☰ Forms

The application forms are available on the Social Security Online Service (*Segurança Social Direta*) at [www.seg-social.pt](http://www.seg-social.pt) and at the Social Security Customer Information Services.

### 🔒 Data protection

The collected data will be processed by the competent Social Security Services (*Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A. and Instituto de Segurança Social da Madeira, I.P.-RAM*) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security Online Service (*Segurança Social Direta*) at [www.seg-social.pt](http://www.seg-social.pt).

### To be completed by the Social Security services

I confirm that the signature of the  **Declarant**  **Person that signed on his/her behalf** is in accordance with the following identification document:

Citizen Card       Identity Card       Passport       Other

Number

Valid until  
--  
year      month      day

Signature and stamp