

Personal details of the beneficiary

1.1. Identification

Full name

Social Security Identification Number

Birth date

 - -
year month day

Mobile phone/Phone number

Email

Please state the allowance/support/benefit/measure/supplement or pension whose payment you intend to authorise to a third party:

Example: Solidarity Supplement for the Elderly

1.2. Reason for the impediment

- ☐ I am physically incapacitated due to illness or disability
- ☐ I am accommodated in a social support establishment or similar
- ☐ I am serving a prison sentence or other custodial measure
- ☐ Another reason:

1.3. Impediment period

- ☐ Temporary ☐ Permanent (without time limit)

If you answered **temporary**, please indicate the period: from - - to - -
year month day year month day

Personal details of the authorised person (third party)

Full name

Social Security Identification Number

Birth date

 - -
year month day

Address

Locality

Postal Code

Mobile phone/Phone number

Email

Please indicate the authorised person's relationship with the beneficiary:

- ☐ Legal representative ☐ Guardian ☐ Informal carer ☐ Other:
- ☐ Accompanying person (within the scope of the Legal Scheme for Accompanied Adults)

3

Payment method

Please indicate the payment method:

☐ Bank transfer, to the International Bank Account Number (IBAN) of the authorised person:

Example: PT50 1234 5678 12345678901 23

☐ Postal order (in the case of pensions, the authorisation only applies to the withdrawal of the postal order)

4

Statement

I declare that I authorise the person identified in [table 2](#) to receive my allowance/support/benefit/measure/supplement or pension payments.

Date

 - -
year month day

Signature

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

5

Information



Documents to submit

- ▶ Valid ID document (Citizen Card, Identity Card, Passport or Residence Permit) of the beneficiary and of the authorised person.
- ▶ Document attesting the beneficiary's impediment, according to the situation indicated in [table 1](#):
 - ▷ Medical statement attesting the illness or disability (this document is not necessary if the beneficiary is receiving social security benefits due to illness or disability);
 - ▷ Supporting document of the accomodation in a social support establishment or similar;
 - ▷ Supporting document of the prison setence or custodial measure.
- ▶ Supporting document of the legal representative powers, according to the situation indicated in [table 2](#):
 - ▷ Power of attorney;
 - ▷ Court judgement appointing the Guardian or Accompanying Person.

⚠ If you are awaiting the decision on your legal representative powers, you must submit the document proving this situation.
- ▶ Certificate issued by the Parish Council or information from Social Services proving that the beneficiary is in the care of the authorised person, who takes care of his/her food, clothing and health and who is a person of good repute, who may or may not have a family relationship with the beneficiary.
- ▶ Bank statement with IBAN, which must include the name of the authorised person as the account holder.

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.

To be completed by the Social Security services

I confirm that the signature of the ☐ Applicant ☐ 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