Retirement Pension

Under the Social Security Agreement between Malta and Australia

Application Received on _ _ / _ _ / _ _ _

______ Date: __/__/___



* Indicates mandatory information

38, Ordnance Street, Valletta, VLT 1021 Email: social.security@gov.mt Website: www.socialsecurity.gov.mt International Calls: +356 21255153 Freephone: 153

Personal Details Maltese Identity Card Nº: * Maltese Social Security No: Name: * Surname: * Maiden Surname: Date of Birth: (DD/MM/YYYY) (in case of married female) Centrelink Ref. N°: (if known) Civil Status * Single ☐ Married Cohabitation ☐ Separated maintaining Spouse / Partner Divorced Civil Union Widow/er ☐ Separated not maintaining Spouse / Partner Date of change in Civil Status (DD/MM/YYYY): _ _ / _ _ / _ _ _ Contact Details * Address House Name / Number: Locality: Post Code: Street: Contact Number: Fmail: Spouse / Partner The details requested are those of the other person forming part of this family unit Maltese Identity Card No: * Maltese Social Security N°: Name: * Surname: * __/__/___ Date of Birth: (DD/MM/YYYY) Maiden Surname: (in case of married female) Centrelink Ref. No: (if known) If spouses are legally separated, attach a legal copy of Court's Order **Pension Details** Are you receiving or expecting to receive a pension (other than the Centrelink pension) for services rendered to one or more of your former employers 1 (inside and outside Australia)? If YES please enter the information and comply with the instructions shown ☐ Yes hereunder.

Where:

Kindly attach documentation showing the amount as on the first payment date of pension you are receiving or expecting

 1 E.g.: A private pension, superannuation fund, retirement savings account, etc. Updated: February 2021 Page **1** of **4**

If Yes: From Where and Effective Date

to receive.

Employment History in Malta	Emp	lovme	nt Hist	torv i	in M	alta
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Vour	lact	amn	lovment	in	Malta:
t our	เสรเ	emb	iovillelit	ш	iviaita:

Employer / Company ²	Grade / Designation	Year	Weekly Income ³

Working Life Residence in Australia

WORKING LIFE means: for men, between his 16th and 65th birthdays; for women, between her 16th and age pension age.

	,		-, ,	p
A.	First arrival in Australi	ia:		
	If born in Australia go t	o Question B		
Date o	f Arrival:	//	Place of Arrival:	
Name	on Arrival:		Name of Ship:	
Airline	Flight Number (if known):		<u> </u>	
В.	Have you been absent first arrived in Austral		ing life for any period greater than 12	months since you
	□ Yes	□ N	0	

If Yes, list all absences of more than 12 months below

Departure Date	Name of Ship/Flight N°	Return Date	Name of Ship/Flight N°	Reason for Absence
//		//		
//		//		
//		//		
//		//		

C.	Do you have any documents which confirm y	your residence in Australia during your working life?
	□ Yes	□ No

If Yes, please bring documents to your local Centrelink Office with this form.

Note: Suitable documents are: group certificates; education certificates; reference from employer showing periods of employment; marriage certificate, birth certificate; birth certificate of any of your children born in Australia, naturalisation certificate; passport; any other document which may help to confirm your residence in Australia during your working life.

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² If available, please attach any relevant documentation, e.g. letter of appointment / contract, termination of employment certificate, letter of reference by employer, statement of payee earnings, emoluments record.

³ If you do not remember the basic salary leave empty

D. Please give details of persons who are not related to you and can confirm all or some of your residence in Australia during your working life. (e.g. employers, neighbours, co-workers etc.)

Name and Surname	Address	Contact Number		Known for Period	
			From	То	
			//	//	
			//	//	
			//	//	
			//	//	
E. Please list all in	nportant personal events that occurred d	uring your residence i	n Australia. This will	help us verify you	

E.	Please list all important personal events that occurred during your residence in Australia. This will help us verify your residence in Australia (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)
F.	If a friend or relative helped you fill in this form, please give details
Name a	and Surname:
Address	5:
Contact	t Number:
Neces	ssary Documents
	Birth Certificate
	Marriage Certificate *
	Spouse's Birth Certificate * (if applicable)

Official documentary evidence that allowance was provided if separated / divorced

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^{*} Certificates of any births, marriages or deaths requested in this application, are to be attached only if they are not registered at the Public Registry of Malta.

Benefit should be deposited in an Australian or a Maltese Savings or Current Account but not in a Loan Account. The account should be in the name of the beneficiary or his / her spouse, or in a joint account. If Bank is in Australia Bank: Account Number: Account Name: Bank BSB: If Bank is in Malta Bank: Bank:

Declaration - A

- I declare, that all information given is to my knowledge true, complete and correct. I understand that if the information given is false, I will
 be penalised as stipulated by Law and also lose the right for all or part of the benefit as stipulated by the Maltese Social Security Act (Cap.
 318.)
- I authorise the Department of Social Security Malta and Centrelink Australia, to perform all the necessary investigations and to exchange
 any necessary information to determine the correct entitlement of this benefit.
- I bind myself to inform immediately the Department of Social Security Malta, of any changes in circumstance as indicated in this form. (e.g.: if I start working again.)
- I am aware that if in the future it transpires that I had no right for Invalidity Pension, I will have to refund to the Department of Social Security Malta, such monies for which I was not entitled.

Name and Surname	Identity Card Number
Signature	 Date

Declaration – B (Applicable for persons born on or after the 1st January 1952)

- I elect to avail myself of the early retirement opt out, which allows the issue of a Retirement Pension at the age of 61 instead of at the actual retirement age.
- I am aware that I cannot be engaged in any gainful activity between the age of 61 and my actual retirement age.

Name and Surname	Identity Card Number
Signature	 Date

Data Protection Declaration:

The Department of Social Security collects all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act (Cap. 318.). The Department may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.

Pursuant to the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap. 586.), we have a legal duty to respect and protect any personal information we collect from you and we will abide by such duty. We take all safeguards necessary to prevent unauthorised access and we do not pass on your details collected from you as a visitor and/or user, to any third party unless you give us your consent to do so or as authorised by law. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information. Such a request is to be addressed to "The Data Controller", Department of Social Security, 38, Ordnance Street, Valletta VLT 1021 or by email to dpsocialsecurity.dss@gov.mt and appropriate action would be taken at the earliest possible time. In making such a request, kindly quote your identity card number, social security number, your name and address and other relevant documentation to identify your case.