Widow/er's Pension

Under the Social Security Agreement between Malta and Canada



* 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

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

Personal Details					
Maltese Identity Card N°: *			Maltese Social	Security N°:	
Name: *			Surname: *		
Date of Birth: (DD/MM/YYYY)	//		Maiden Surname:		
Canadian Insurance No: (if known)			(in case of married female)		
Civil Status at the time of the	he Demise *				
Single	☐ Married	Cohal	oitation	\square Separated maintaining Spouse / Partner	
☐ Civil Union	☐ Widow/er	Divor	ced	$\hfill \square$ Separated not maintaining Spouse / Partner	
Date of change in Civil Status	S (DD/MM/YYYY): / /				
Contact Details *					
Address					
House Name / Number:			Locality:		
Street:			Post Code:		
Contact Number:			Email:		
Spouse / Partner The details requested are tho	ose of the other person formi	ing part of t	his family unit		
Maltese Identity Card N°: *			Maltese Social	Security Nº:	
Name: *			Surname: *		
Date of Birth: (DD/MM/YYYY)	//		Maiden Surname: (in case of married female)		
Date of Death: (DD/MM/YYYY)	//				
Canadian Insurance No: (if known)					
Did the spouse's death occur	due to an accident / disease	e on work?		Yes 🗆 No	

If spouses are legally separated, attach a legal copy of Court's Order

Children's Information

Please provide details for children under 21 years of age. For children aged between 16 and 21, please state whether they are receiving any income such as allowances, stipends, salaries, etc.

If expecting a child, attach medical certificate and indicate anticipated date of birth

Name and Surname Date of Birth		Do you hav	Do you have Custody?		Income	
		Yes	No	Yes	No	
	//					
	//					
	//					
	//					
ata Carana / Bartana I	Detaile					
ate Spouse / Partner I						
be filled if not in receipt of a r	ension from Malta prior to death.					
Last employment in Malta:						
Employer / Company ¹	Grade / Designation	Yea	r	Weekly I	ncome ²	
Pension Details Are you receiving or expecting to receive a pension (other than the Service Canada pension) for services that your late spouse rendered						
to one or more of his/her former employers 3 (inside and outside Canada)? If YES please enter the information and comply with the instructions shown hereunder. \Box Yes \Box No						
Yes: From Where and Effective			Date:	//	· – –	
indly attach documentation s	Date Where:					
indly attach documentation so receive.	Date Where:	rst payment date	of pension yo			

CAG:

Date of entry to Canada: __/__/___

A. If born outside Canada provide:

Account Number:

Place of entry to Canada:

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¹ 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.

² If you do not remember the basic salary leave empty

 $^{^{\}rm 3}$ E.g.: A private pension, superannuation fund, retirement savings account, etc.

В.	List the places where	you have lived in Canada from age 18 to pres	sent:
	Tibe tire places writere	you have heed in canada hom age to to pre-	,

(if required, please provide additional information on a separate sheet of paper and attach to this form)

From Month / Year	To Month / Year	City, Town or Village	Country or District	Province or Country

C. List all absences from Canada of more than 90 days during the periods of residence you have listed above (if required, please provide additional information on a separate sheet of paper and attach to this form)

Departed DD/MM/YYYY	Country or Countries Visited	Returned DD/MM/YYYY
//		//
//		//
//		//
//		//

D. List names, addresses and contact numbers of at least two persons not related to you by blood or marriage, who can confirm the facts of your residence as stated above.

(if required, please provide additional information on a separate sheet of paper and attach to this form)

Name and Surname	Address	Contact Number

E. List names, addresses and contact numbers of your employers in Canada.

(if required, please provide additional information on a separate sheet of paper and attach to this form)

Name and Surname	Address	Contact Number

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I will keep my present employment on 5	Tick (√) where applicable:				
Not currently in employment Not currently in employments Not currently in employments Marriage Certificate * Spouse Death Certificate * Official documentary evidence that allowance was provided if separated / divorced A copy of the last payslip showing applicant's weekly wage (to be submitted only if applicant is still in employment) Termination of employment certificate or a document of evidence of cessation of employment (to be submitted only if applicant terminated employment) * 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. Bank Account Details		I will keep my present employment ⁴			
Necessary Documents Marriage Certificate * Spouse Death Certificate * Spouse's Birth Certificate * Official documentary evidence that allowance was provided if separated / divorced A copy of the last payslip showing applicant's weekly wage (to be submitted only if applicant is still in employment) Termination of employment certificate or a document of evidence of cessation of employment (to be submitted only if applicant terminated employment) * 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. Bank Account Details Benefit should be deposited either in a Canadian or a Maltese Savings or Current Account but not in a Loan Account. The account should be in the name of the beneficiary. If Bank is in Canada Bank: Account Number: Transit Number: Bank Reference Number:		I will terminate employment on ⁵			
Marriage Certificate * Spouse Death Certificate * Spouse 'S Birth Certificate * Official documentary evidence that allowance was provided if separated / divorced A copy of the last payslip showing applicant's weekly wage (to be submitted only if applicant is still in employment) Termination of employment certificate or a document of evidence of cessation of employment (to be submitted only if applicant terminated employment) **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. **Bank Account Details** Benefit should be deposited either in a Canadian or a Maltese Savings or Current Account but not in a Loan Account. The account should be in the name of the beneficiary. If Bank is in Canada Bank: Account Number: **Account Number:** Bank Reference Number:** Bank Reference Number:** Bank Reference Number:**		I will start employment on ⁶			
Marriage Certificate * Spouse Death Certificate * Spouse's Birth Certificate * Official documentary evidence that allowance was provided if separated / divorced A copy of the last payslip showing applicant's weekly wage (to be submitted only if applicant is still in employment) Termination of employment certificate or a document of evidence of cessation of employment (to be submitted only if applicant terminated employment) * 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. Bank Account Details Benefit should be deposited either in a Canadian or a Maltese Savings or Current Account but not in a Loan Account. The account should be in the name of the beneficiary. If Bank is in Canada Bank: Account Number: Account Number: Bank Reference Number:		Not currently in employment			
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Account Name: Transit Number: Bank Reference Number: If Bank is in Malta	Bank:				
Transit Number: Bank Reference Number: If Bank is in Malta	Account	Number:			
If Bank is in Malta	Account	Name:			
	Transit N	Number: Bank Reference Number:			
Bank:	Bank:	in Malta			

Applicant's Employment Declaration

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⁴ You have to provide a copy of the current pay slip showing your weekly wage.

⁵ If you intend to terminate employment please provide a termination employment certificate from your employer or a letter of resignation.

⁶ Please provide a copy of the first payslip showing your weekly wage after starting employment.

Declaration

- 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 Service Canada, 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 and Service Canada, of any changes in circumstance as indicated in this form. (e.g.: f I remarry, if I start working again, if I will stop taking care of my children, if my children are 21 years old.)
- I am aware that if in the future it transpires that I had no right for Widows 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

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.

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