Retirement Pension

Under the Social Security Agreement between

Malta and New Zealand

00	SOCIAL
บบบ	SECURITY

38, Ordnance Street Valletta, VLT 1021 Malta

Email: social.security@gov.mt Website: www.socialsecurity.gov.mt International Calls: +356 21255153 Freephone: 153

Senior Services International, Ministry of Social Development, PO Box 27178 Wellington 6141, New Zealand Email: international.services@msd.govt.nz Website: www.msd.govt.nz

* Indicates mandatory information	on	At	oplication Received on / /							
Personal Details										
Maltese Identity Card N°: *		Maltese Socia	l Security Nº:							
Name: *		Surname: *	Surname: *							
Date of Birth: (DD/MM/YYYY)	//	Maiden Surna (in case of marri								
New Zealand Client Nº: (if known)										
Civil Status *										
Single	Married	Cohabitation	\Box Separated maintaining Spouse / Partner							
Civil Union	Uidow/er	Divorced	\Box Separated not maintaining Spouse / Partner							
Date of change in Civil Status	5 (DD/MM/YYYY): / / _									
Contact Details *										
Address										
House Name / Number:		Locality:								
Street:		Post Code								
Contact Number:		Email:								
Spouse / Partner										
The details requested are the	ose of the other person forr									
Maltese Identity Card N°: *		Maltese Socia	I Security Nº:							
Name: *		Surname: *								
Date of Birth: (DD/MM/YYYY)	//		Maiden Surname:							
New Zealand Client N°: (if known)		(in case of marri	ed female)							
If spouses are legally separ Pension Details	ated, attach a legal copy o	of Court's Order								

, , , ,		Zealand Social Security pension) for services rendered toIf YES please enter the information and comply with the
, , , , , , , , , , , , , , , , , , ,		
instructions shown hereunder.	Yes	🗌 No
If Yes: From Where and Effective Date	Where:	Date: / /

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

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

Employment History in Malta

Your last employment in Malta:

Employer / Company ²	Grade / Designation	Year	Weekly Income ³				

Working Life Residence in New Zealand

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

	 A. First arrival in New Zealand: If born in New Zealand go to Question B 										
Date of Arrival:	//	Place of Arrival:									
Name on Arrival:		Name of Ship:									
Airline Flight Number (if known):											

B. Have you been absent from New Zealand during your working life for any period greater than 12 months since you first arrived in New Zealand?

🗌 Yes

🗌 No

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 your residence in New Zealand during your working life?

🗌 Yes

🗌 No

If Yes, please bring documents to your local Work and Income Office in New Zealand 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 New Zealand, naturalisation certificate; passport; any other document which may help to confirm your residence in New Zealand during your working life.

³ If you do not remember the basic salary leave empty

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.

D. Please give details of persons who are not related to you and can confirm all or some of your residence in New Zealand 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 important personal events that occurred during your residence in New Zealand. This will help us verify your residence in New Zealand (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 and Surname:

Address:

Contact Number:

Necessary Documents

- Birth Certificate
- Marriage Certificate *
- Spouse's / Partner Birth Certificate * (if applicable)
- $\hfill\square$ Official documentary evidence that allowance was provided if separated / divorced

* 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.

Updated: February 2021

Bank Account Details

Benefit should be deposited in a New Zealand or a Maltese Savings or Current Account but not in a Loan Account. The account should be in the name of the beneficiary or their partner, or in a joint account with their partner.

If Bank is in New Zealand

Account I	Holder:													 			
Bank:		Branch:															
Account I	Number:																
If Bank is in	n Malta																
Bank:														 			
IBAN:																	

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 may 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 the Ministry of Social Development New Zealand, to perform all the necessary investigations and to exchange any necessary information to determine the correct entitlement of this benefit.
- I agree to inform immediately the Department of Social Security Malta, of any changes in circumstance as indicated in this form. (e.g. if I will not continue to give alimony to my partner and any other change.)
- I am aware that if in the future it transpires that I had no right to a Retirement Pension, I will have to refund to the Department of Social Security Malta, such monies for which I was not entitled.

Name and Surname

Signature

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

Signature

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.

Identity Card Number

Identity Card Number

Date

Date