

Public Pension

You decide when you wish to draw your public pension. You can draw income pension (inkomstpension) and premium pension (premiepension) at the earliest from and including the month you turn 62. You can draw guarantee pension (garantipension) and income pension complement (inkomstpensionstillägg) at the earliest from and including the month you attain a certain target pension age, depending on your year of birth.

You must fill out an application form when you wish to start your public pension. Please send your application form six months prior to the month, you wish to start drawing your pension. Public pension can be granted at the earliest from and including the month when the Swedish Pensions Agency (*Pensionsmyndigheten*) has received the application form. Please send your application form to:

Pensionsmyndigheten
SE-839 77 Östersund, Sweden

Certification of personal data

As you do not live in Sweden, your personal data has to be certified. The box for certification is at the bottom of page 2 in the form. Bring your application form to a population register authority, social insurance agency or police authority in the country where you live. You can also contact the Swedish Social Insurance Agency (*Försäkringskassan*), the Swedish Pensions Agency (*Pensionsmyndigheten*) in Sweden, a Swedish consulate, the Swedish church or a notary public.

Show your passport or another identity document to the person who is to sign the application.

Do you need more information?

Please contact us at +46 498 200 700 if you have any questions. More information on public pension is available at www.pensionsmyndigheten.se.

Yours sincerely,

Pensionsmyndigheten

Postadress

Pensionsmyndigheten
839 77 Östersund

Kundservice

0771-776 776

Webbplats

www.pensionsmyndigheten.se

Instructions on how to complete the form

Application for public pension

- if you live outside Sweden (PM 8312en)

1. Name and family details

Please check that any information already filled in is correct.

2. How do you wish to draw your pension?

State here how large amount of the pension you wish to draw and which parts of the public pension you wish to draw. If, for example, you wish to draw full income pension, guarantee pension and income pension complement, you should tick the box for full monthly amount (100% withdrawal level) in the first line.

2. How do you wish to draw your pension?				
Incomebased pension (except premium pension), guarantee pension and income pension complement				
<input type="checkbox"/> Full monthly amount	<input checked="" type="checkbox"/> Three-quarter monthly amount	<input type="checkbox"/> Half monthly amount	<input type="checkbox"/> One-quarter monthly amount	<input type="checkbox"/> No withdrawal
Premium pension				
<input type="checkbox"/> Full monthly amount	<input checked="" type="checkbox"/> Three-quarter monthly amount	<input type="checkbox"/> Half monthly amount	<input type="checkbox"/> One-quarter monthly amount	<input type="checkbox"/> No withdrawal
I wish to draw my pension from and including			Year	Month
			2	0

If you do not wish to draw all parts of your pension, you should tick "no withdrawal" for the part you do not wish to receive.

Income pension and premium pension calculate according to the amount you have earned for your pension during your working life.

If you are born between 1938 and 1953, you may be entitled to supplementary pension. Supplementary pension base on the pension points you have earned during the years you have worked.

Guarantee pension is basic cover for those who have had a small or no income during their life. Income pension complement is a complement to the income pension and is paid out to those how have worked a whole life but still not reach a certain level of the pension.

You can receive a guarantee pension and income pension complement from and including the month you attain a certain target pension age, depending on your year of birth. When you apply for income-based pension, you also apply for guarantee pension and income pension complement at the same time. If you draw your income-based pension before the target pension age, you will not receive a decision concerning those pensions at that time. You will receive the decision regarding your guarantee pension and income pension complement when you reach the target pension age.

3. Do you want to change to traditional insurance? (voluntary application for premium pension)

You only need to tick the box if you want to change from unit-linked insurance to traditional insurance.

If you leave the box blank, the premium pension account will remain in fund shares (unit-linked insurance). The size of your premium pension will then vary from year to year due to change in value of your fund shares.

If you choose traditional insurance by ticking that box, Pensionsmyndigheten will sell your share holdings and take over the financial risk by offering a guaranteed pension sum. Your premium pension will then consist of a guaranteed sum plus a possible supplementary sum.

When Pensionsmyndigheten has started to redeem your share holdings, you cannot return to unit-linked insurance.

If you do not choose traditional insurance now, you can apply for it later.

4. Do you want to apply for survivor's benefit? (voluntary application for premium pension)

You only need to tick the box for survivor's benefit if you want to apply for survivor's benefit. In general, you can only apply for survivor's benefit when you apply for premium pension for the first time. Survivor's benefit can only be granted to your spouse or for a person who is unmarried and with whom you live and to whom you have previously been married to or have or have had children with.

If you choose a premium pension with survivor's benefit, it pays as long as you and your spouse/registered partner are alive. Please note that your monthly sum will be lower if you choose a survivor's benefit. The survivor's benefit cancels if you get divorced or if your live-in partnership ceases by you ceasing to live together. You must report the divorce, or that the cohabiting has ceased, to Pensionsmyndigheten.

Note: the survivor's benefit to the premium pension is not to be mistaken as the same as survivor's *pension*. Survivor's pension has to fulfil by other criteria and does not guarantee in advance.

5. Do you want your pension paid into an account in a Swedish bank?

If you want your pension paid into an account in a bank in Sweden please fill in details here.

6. Do you want your pension paid into an account in a bank outside Sweden?

If you want your pension payments to an account in a bank outside Sweden, please fill in the details here.

For residents in Europe the bank information has to state as an IBAN. For USA, Canada and Australia you have to state the bank code together with your bank details (Fedwire (US), Transit and institution (CA) and BSB (AU)).

7. The tax registration number

If you live outside Sweden and pay special income tax for non-residents (SINK), you should provide information about your tax registration number in the country where you live.

Pensionsmyndigheten uses this number for the statement of earnings and tax deductions submitted to the Swedish Tax Agency (*Skatteverket*).

The tax registration number is the number you use in contact with the tax agency in the country where you live.

8-11

Fill in the information of the countries you have worked and lived in. Also, state if you receive a pension/annuity from another country than Sweden. Attach supporting material that certifies credited pension/annuity and state the current amount. The information can affect the calculation of your Swedish pension.

12. Signature

Here, you certify that to the best of your knowledge the information provided on this form and its attachments is accurate and complete. If there are changes regarding any information, you are obliged to inform Pensionsmyndigheten as it can affect your Swedish pension.

Please do not use this form if you are living within the EU/EEA or Switzerland but apply instead to the pension agency in the country where you live

Please send the form to: Pensionsmyndigheten SE-839 77 Östersund, Sweden

1. Name and family circumstances

Forename(s) and Surname		Swedish personal ID/no./Date of birth 1 9	
Address (road/street/post box)		Country	
Postcode and town/city		Citizenship	
E-mail (voluntary)		Telephone number (voluntary)	
I am <input type="checkbox"/> married <input type="checkbox"/> I and my husband/wife/partner have not lived together since		Year Month Day	
I am <input type="checkbox"/> I cohabit with someone with whom I have previously been married, have or have had children with			
Forename(s) and surname of husband/wife/common-law spouse		Swedish personal ID no./Date of birth	
I am <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower			

2. How do you wish to draw your pension?

Incomebased pension (except premium pension), guarantee pension and income pension complement				
<input type="checkbox"/> Full monthly amount	<input type="checkbox"/> Three-quarter monthly amount	<input type="checkbox"/> Half monthly amount	<input type="checkbox"/> One-quarter monthly amount	<input type="checkbox"/> No withdrawal
Premium pension				
<input type="checkbox"/> Full monthly amount	<input type="checkbox"/> Three-quarter monthly amount	<input type="checkbox"/> Half monthly amount	<input type="checkbox"/> One-quarter monthly amount	<input type="checkbox"/> No withdrawal
I wish to draw my pension from and including				Year Month
				2 0

3. Do you want to change to traditional insurance? (voluntary application for premium pension)

Read more in the information to the form

I want to change from unit-linked insurance to traditional insurance. This means that my fund share holdings will be sold and I cannot go back to unit-linked insurance when Pensionsmyndigheten has started to redeem my fund share holdings.

4. Do you want to apply for survivor's benefit? (voluntary application for premium pension)

Read more in the information to the form

I am applying for survivor's benefit for my spouser/cohabiting partner as I informed you under section 1. I am aware that I can only apply for survivor's benefit the first time I apply for a premium pension.

5. Do you want your pension to be paid into an account at a Swedish bank?

<input type="checkbox"/> Bank account	Clearing No	Account No.
<input type="checkbox"/> Personal account at Nordea. Tick the box here if the account number is the same as your Swedish personal identity number.		

6. Do you want your pension paid into an account in a bank outside Sweden?

Please state account number (if payment is for a bank in Europe, please state the IBAN number)

The bank's SWIFT address	
The bank's name	Fedwire (US), Transit and institution (CA), BSB (AU)
The bank's address (Street/Road/Post box/postcode and town/city)	Country
Choice of currency for payment	Agency only makes payments in SEK or in the local currency of the recipient country! If no currency is stated Pensionsmyndigheten will decide on the currency.

83124105

7. Tax registration number

Please state your tax registration number in the country where you live.	Tax Registration Number
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If there is insufficient space in the lines in section 8-11, you can provide information in an appendix.

8. I have lived in the following countries, including Sweden, since I was 15 years old

Country	From	To	Insurance Number
Country	From	To	Insurance Number
Country	From	To	Insurance Number

9. I have worked in the following countries, including Sweden, during my life

Country	From	To	Insurance Number
Country	From	To	Insurance Number
Country	From	To	Insurance Number

10. I receive a pension or an annuity from any other country than Sweden

Type of pension/annuity	Annual amount	State currency	From
Country	Paid by		
Type of pension/annuity	Annual amount	State currency	From
Country	Paid by		
Type of pension/annuity	Annual amount	State currency	From
Country	Paid by		

11. I have paid Swedish seaman's tax before 1974 and was not a Swedish citizen at this time

Ship/shipping company	From	To
Ship/shipping company	From	To

12. Signature

I certify that to the best of my knowledge the information provided on this form is accurate and complete. I am aware that I must notify the Swedish Pensions Agency (Pensionsmyndigheten) of any changes to this information.

Date	Signature
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This information will be processed electronically. The Swedish Pensions Agency is the controller of the personal data for this processing.

Härmed intygas att nedan angivna personuppgifter är riktiga/ Confirms hereby that the information below is correct

Förnamn och efternamn/First name(s) and Surname	Personnummer/födelsedatum/ Personal identity number/Date of birth
Datum/Date	Myndighetens stämpel/Authority seal
Myndighetens underskrift/Authority signature	