

Send this form to

Pensionsmyndigheten  
SE-839 77 Östersund  
Sweden

**Remember!**

Please attach your wedding certificate/partnership certificate  
and death certificate with your application

**1. Applicant** To be filled in by all applicants

|  |                                 |   |                                |
|--|---------------------------------|---|--------------------------------|
| Name and Surname                                     |                                 |   | Personal registration number   |
| Street address                                       |                                 | Post code and city                                    |                                |
| Phone, home, incl. country code                      | Phone, work, incl. country code | Mobile phone  | Citizenchip                    |
| The applicant's marriage status at the time of death |                                 |   |                                |
| <input type="checkbox"/> Married                     | <input type="checkbox"/> Single | <input type="checkbox"/> Divorced                     | <input type="checkbox"/> Widow |
| <input type="checkbox"/> Registered partner          |                                 | <input type="checkbox"/> Separated (divorced) partner |                                |
| <input type="checkbox"/> Registered partner          |                                 | <input type="checkbox"/> Surviving partner            |                                |

**2. Deceased** To be filled in by all applicants

|  |                                 |  |                                |
|--|---------------------------------|--|--------------------------------|
| Name and Surname                             |                                 |  | Personal registration number   |
| Deceased   year, month, day                  |                                 | Was the death caused by a work-place injury/<br>accident to or from place of work? |                                |
|  |                                 | <input type="checkbox"/> No  | <input type="checkbox"/> Yes   |
| Marriage status of deceased at time of death |                                 |  |                                |
| <input type="checkbox"/> Married             | <input type="checkbox"/> Single | <input type="checkbox"/> Divorced  | <input type="checkbox"/> Widow |
| <input type="checkbox"/> Registered partner  |                                 | <input type="checkbox"/> Separated (divorced) partner                              |                                |
| <input type="checkbox"/> Registered partner  |                                 | <input type="checkbox"/> Surviving partner   |                                |

**3. To be filled in if you were married to/registered partner of the deceased at the time of death**

|  |  |  |
|--|--|--|
| When did you marry/register partnership with the deceased?   |  | year, month, day   |
| Were you living together with the deceased at the time of death?   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| This question is to be answered if you answered yes to the last question   |  | year, month, day   |
| Since when did you live together continuously?   |  |  |
| At the time of the death were you living together with children under the age of 18 of whom you or the deceased had custody? |  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|  |  | Youngest child's personal registration number            |
| Were you expecting a child with the deceased at the time of death?   |  |  |

**4. To be filled in if you were not married to/registered partner of the deceased at the time of death**

|  |  |  |
|--|--|--|
| Were you living together with the deceased at the time of death?   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes                   |
| This question is to be answered if you answered yes to the last question   |  | year, month, day   |
| Since when did you live together continuously?   |  |  |
| Were you previously married to/registered partner of the deceased?   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes, under the period |
| Do you or have you had children with the deceased?   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes                   |
| Children's personal registration numbers   |  |  |
| Were you expecting a child with the deceased at the time of death?   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes                   |
| At the time of the death were you living together with children under the age of 18 of whom you or the deceased had custody? |  | <input type="checkbox"/> No <input type="checkbox"/> Yes                   |
|  |  | Youngest child's personal registration number                              |

**To be answered if you were born in 1944 or earlier.  
For judging your right to widow's pension/widow's life annuity**

**5. To be filled in if you were not married to the deceased on the 31 December 1989**

|   |                                 |                                  |                                |                                   |
|---|---------------------------------|----------------------------------|--------------------------------|-----------------------------------|
| Were you at any time prior to 31 December 1989 married to the deceased?                 | <input type="checkbox"/> No     | <input type="checkbox"/> Yes     |                                |                                   |
| Did you have or had you had child(ren) with the deceased on or before 31 December 1989? | <input type="checkbox"/> No     | <input type="checkbox"/> Yes     |                                |                                   |
| Were you living with the deceased on 31 December 1989?                                  | <input type="checkbox"/> No     | <input type="checkbox"/> Yes     |                                |                                   |
| <i>If you answered no, to all of the last three questions go direct to point 9.</i>     |                                 |                                  |                                |                                   |
| Your marriage status on 31 December 1989  | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widow | <input type="checkbox"/> Divorced |
| The deceased's marriage status on 31 December 1989                                      | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widow | <input type="checkbox"/> Divorced |

**6. To be filled in if, at the time of death, you were not married to the deceased for at least 5 years or were not living with the deceased for at least 5 years**

|   |                             |                              |   |
|---|-----------------------------|------------------------------|---|
| Are you living with a child under 16 years of whom you have custody?                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Youngest child's personal registration number   |
| Did that child live permanently with you at the time of death in your and the deceased shared home? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <i>If the child is not yours, you must attach a copy of the judgement or other certificate that shows that you are the custodian of the child</i> |

**7. To be filled in if you were married to the deceased but did not live together with him at the time of death**

|  |                             |  |
|--|-----------------------------|--|
| Did you after you were separated but before the time of death live together with another person with whom you have been married or with whom you have or have had a child? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, under the period |
|--|-----------------------------|--|

**To be answered if you were born in 1945 or later.  
To judge if you have the right to a widow's pension.**

**8. To be filled in if you were married to the deceased on 31 December 1989**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Were you living on 31 December 1989 with a child under 16 years, of whom you had custody?                     | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| Youngest child's name   | Personal registration number |                              |
| On 31 December 1989 was this child living permanently with you or in the home shared by you and the deceased? | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |

**9. The deceased had lived or worked in another country**

To be filled in by all applicants

|  |                             |   |              |
|--|-----------------------------|---|--------------|
| Did the deceased work/live in a country other than Sweden?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes, in (country): |              |
| On account of this death do you have a pension from another country or will you be applying for a pension?                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes, in (country): | Amount/ year |
| Do you have life annuity on account of this death due to a work injury from another country or will you be applying for one? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, in (country): | Amount/ year |

**10. Account information** To be filled in by all applicants

|   |                 |                            |
|---|-----------------|----------------------------|
| <input type="checkbox"/> Bank account   | Clearing number | Account number             |
| <input type="checkbox"/> Personal account at Nordea. Put a cross here if the account number is the same as your Swedish personal identity number. |                 |                            |
| When paying to a foreign bank please state name of bank (if within Europe state IBAN-number)  |                 |                            |
| Foreign bank address  |                 |                            |
| Foreign bank post code  |                 | Foreign bank email         |
| Country   |                 | Foreign bank Swift address |

**11. Other information**

|   |
|---|
| <input type="checkbox"/> I enclose further information in an appendix |
|   |
|   |

**12. Signature**

I certify on my honour and conscience that the information in this form is correct and complete. I am aware that I must notify the Swedish Pensions Agency [*Pensionsmyndigheten*] of any changes to this information.

|      |           |
|------|-----------|
| Date | Signature |
|      |           |

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

NOTE: If you are living abroad, personal details must be verified by one of the following authorities: Swedish Social Insurance Agency, The Swedish Pensions Agency, A Swedish embassy, A Swedish consulate, a foreign national (social) insurance institution, a notary, a foreign police authority or a foreign population registry authority

Please bring the application with you together with your passport or other identification Document (ID).

**I solemnly swear that the information in point 1, "applicant", is correct**

|                       |                   |
|-----------------------|-------------------|
| Date                  | Authority's stamp |
| Authority's signature |                   |