

(If you are domiciled within the EU/EEA/
Switzerland do not use this form, but
apply to the institution in your country of
domicile)

Personal registration number

Remember!

Please attach your birth certificate and death
certificate with your application

Send this form to

Pensionsmyndigheten
SE-839 77 Östersund
Sweden

1. Applicant - child for whom the pension is being sought

| | | | |
|---------------------------------|---------------------------------|---|--|
| Name and Surname | | Personal registration number / birth date (year, month, day, number) | |
| Street address | | Post code and city | |
| Phone, home, incl. country code | Phone, work, incl. country code | Mobile phone | |

2. Deceased parents

| | | | |
|---|--------------------|--|--|
| Name and Surname | | Personal registration number / birth date (year, month, day, number) | |
| Deceased | year month day | Was the death caused by a work-place injury/ accident to or from place of work? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Did the child have maintenance allowance from the deceased? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

3. The deceased parent had lived or worked in another country

| | | |
|---|-----------------------------|---|
| Did the deceased live/work in any other country than Sweden? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, in (country) |
| Has the child as a result of this death the right to a pension or other compensation from any other country? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, in (country) SEK per year |

4. Parent/guardian - fill in if child is under 18 years

| | | |
|---|--------------------------------|---|
| <input type="checkbox"/> Parent who is guardian | <input type="checkbox"/> Other | Personal registration number / birth date (year, month, day, number) |
| Name and Surname | | |
| Street address | | |
| Post code and city | | |

85124102

PM 85124102 (005 F 001) Fastställt av Pensionsmyndigheten

5. Account information

| | | |
|---|-----------------|----------------------------|
| <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 |

6. Other information

| |
|--|
| |
| |
| |

7. 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 the child 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 | |