Canada/Sweden Agreement

Applying for a Swedish survivor's pension

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher, University Professor.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

PENSIONS MYNDIGHETEN

Application
Survivor's pension / survivor life annuity (for man) for those domiciled outside of Sweden

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

Send this form to
Pensionsmyndigheten
SE-106 44 Stockholm
Sweden

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

1. Applicant To be filled in by all applicants

Namn and Surname			Personal registration number
Street address		Post code and city	
Phone, home, incl country code	Phone, work, incl country code	Mobile phone	Citizenship

The applicant's marriage status at the time of death

☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Registered partner ☐ Separated (divorced) partner ☐ Surviving partner

2. Deceased To be filled in by all applicants

Namn and Surname		Personal registration number
Deceased (year, month, day)	Was the death caused by a work-place injury/ accident to or from place of work? ☐ No ☐ Yes	

Marriage status of deceased at time of death

☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Registered partner ☐ Separated (divorced) partner ☐ 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? ☐ No ☐ Yes

This question is to be answered if you answered yes to the last question

Since when did you live together continuously? (year, month, day)

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? ☐ No ☐ Yes

Youngest child's personal registration number

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? ☐ No ☐ Yes

This question is to be answered if you answered yes to the last question

Since when did you live together continuously? (year, month, day)

Do you or have you had children with the deceased? ☐ No ☐ Yes, under the period

Do you or have you had children with the deceased? ☐ No ☐ Yes

Children's personal registration numbers

Were you expecting a child with the deceased at the time of death? ☐ No ☐ 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? ☐ No ☐ Yes

Youngest child's personal registration number

PM 8514 (003 F 001) Fastställd av Pensionsmyndigheten

5. 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?	☐ No ☐ Yes, in (country):	
On account of this death do you have a pension from another country or will you be applying for a pension?	☐ No ☐ 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?	☐ No ☐ Yes, in (country):	Amount/ year

6. Account information

To be filled in by all applicants

Present account number	New or changes to account number ☐ Bank account ☐ Personal account ☐ Plusgiro ☐ Bankgiro
Clearing number / Account 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

7. Other information

	☐ I enclose further information in an appendix

8. 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: Social Service Office, 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	

PM 8514 (003 F 001) Fastställd av Pensionsmyndigheten

PENSIONS MYNDIGHETEN

Application

Survivor's pension / survivor life annuity (if you are a woman) for those domiciled outside of Sweden

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

Personal registration number

Send this form to

Pensionsmyndigheten
SE-106 44 Stockholm
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

☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Registered partner ☐ Separated (divorced) partner ☐ 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/ accident to or from place of work? ☐ No ☐ Yes	

Marriage status of deceased at time of death

☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Registered partner ☐ Separated (divorced) partner ☐ 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?	☐ No ☐ Yes	
This question is to be answered if you answered yes to the last question Since when did you live together continuously? (year, month, day)		
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?	☐ No ☐ 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?	☐ No ☐ Yes	
This question is to be answered if you answered yes to the last question Since when did you live together continuously? (year, month, day)		
Were you previously married to/registered partner of the deceased?	☐ No ☐ Yes, under the period	
Do you or have you had children with the deceased?	☐ No ☐ Yes	
Children's personal registration numbers		
Were you expecting a child with the deceased at the time of death?	☐ No ☐ 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?	☐ No ☐ Yes	Youngest child's personal registration number

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PM 8513 (004 F 001) Fastställd av Pensionsmyndigheten

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?	☐ No	☐ Yes		
Did you have or had you had child(ren) with the deceased on or before 31 December 1989?	☐ No	☐ Yes		
Were you living with the deceased on 31 December 1989?	☐ No	☐ Yes		
If you answered no, to all of the last three questions go direct to point 9.				
Your marriage status on 31 December 1989	☐ Single	☐ Married	☐ Widow	☐ Divorced
The deceased's marriage status on 31 December 1989	☐ Single	☐ Married	☐ Widow	☐ 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?	☐ No	☐ 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?	☐ No	☐ Yes	*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*

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?	☐ No	☐ 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.

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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?	☐ No	☐ 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?	☐ No	☐ 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?	☐ No	☐ Yes, in (country):	
On account of this death do you have a pension from another country or will you be applying for a pension?	☐ No	☐ 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?	☐ No	☐ Yes, in (country):	Amount/ year

PM 8513 (004 F 001) Fastställd av Pensionsmyndigheten

10. Account information To be filled in by all applicants

Present account number	New or changes to account number ☐ Bank account ☐ Personal account ☐ Plusgiro ☐ Bankgiro
Clearing number / Account 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

	☐ 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.

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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	

PM 8513 (004 F 001) Fastställd av Pensionsmyndigheten

Canada/Sweden Agreement

Documents and/or information required to support your application [PM 8514 (for men)/PM 8513 (for women)] for a Swedish survivor's pension

Originals or certified copies to be submitted:

- Birth certificate for you and the deceased
- Evidence of your Swedish citizenship
- Death certificate
- Proof that you and the deceased were living together at the time of death and proof of the date you started living together
- Marriage certificate, if applicable

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.