

Send the form to
Pensionsmyndigheten
SE-839 77 Östersund
Sweden

Remember

Please send one application per person. Attach death certificate and copies of documents that prove your relation to the deceased. Attach copy of your passport if you live outside of Sweden.

1. Applicant (Should be filled in by all applicants)

All Forename(s) and Surname(s)		Swedish personal ID	
Foreign social security number		Date of birth (YYYY, MM, DD)	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
Address		Postal code, city	
Country of residence		Citizenship	
Phone number		E-mail address	
Civil status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow, Widower <input type="checkbox"/> Divorced			
Wedding date		Divorce date	
Does the applicant receive survivor's pension from another country <input type="checkbox"/> No <input type="checkbox"/> Yes			
Country		From	Amount

2. Information about the deceased

All Forename(s) and Surname(s)		Swedish personal ID	
Foreign social security number		Date of birth (YYYY, MM, DD)	
Date of death			
Address prior to death		Postal code, city	
Country of residence		Citizenship	
Civil status prior to death <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow, Widower <input type="checkbox"/> Divorced			
Wedding date		Divorce date	
Employment outside of Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes specify period	Country
Resided outside of Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes specify period	Country
Is the death caused by a work related injury, sickness or accident on the way to or from work? <input type="checkbox"/> No <input type="checkbox"/> Yes			

3. Legal guardian

Complete only if appointed guardian or the applicant is younger than 18 years of age.

<input type="checkbox"/> Parent is the legal guardian	<input type="checkbox"/> Other appointed guardian Attach copy of guardianship
All Forename(s) and Surname(s)	
Swedish personal ID	Foreign social security number
Address	Postal code, city
Country of residence	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Phone number	E-mail address

4. The applicants relationship with the deceased

The applicant is	<input type="checkbox"/> Adult partner	<input type="checkbox"/> Child of the deceased
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The following questions of the application should only be filled in if the applicant is an adult

Were you married at the time of death?	<input type="checkbox"/> No <input type="checkbox"/> Yes	From Date
Were you living together at the time of death?	<input type="checkbox"/> No <input type="checkbox"/> Yes	From Date
Do you and the deceased have or are you expecting a child?	<input type="checkbox"/> No <input type="checkbox"/> Yes	From Date
Have you previously been married?	<input type="checkbox"/> No <input type="checkbox"/> Yes	From Date
Were you, at the time of death, living with a minor of whom one of you was legal guardian of?	<input type="checkbox"/> No <input type="checkbox"/> Yes	From Date

5. Do you want your pension to be paid into an account in 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 and address (Street/Road/Post box)	
The bank's address (postcode and town/city)	Country
Choice of currency for payment	
Pension 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.	

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7. Other information

	<input type="checkbox"/> Additional information provided separately
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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
Printed name	

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

Confirms hereby that the information below is correct

First name(s) and Surname	Personal identity number/Date of birth
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow, Widower <input type="checkbox"/> Divorced	
Spouse's/cohabitee's first name(s) and surname	Personal identity number/Date of birth
Date	Authority seal
Authority signature	

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This is how you fill in the form

Application for

Survivor's pension/annuity (PM 8542)

Please attach death certificate, copies of documents that confirm your relation to the deceased and a copy of your current passport.

Proof of identity

Your identity needs to be verified if you do not currently live in Sweden. Your application needs to be signed and stamped by an authorized agency in your country of residence.

For instance:

- Swedish Embassy
- Swedish Consulate
- Swedish Church
- Social Insurance Institution/Department of Social Security
- Notarius Publicus
- Police Authority
- Population Register Office

Bring your passport or any other valid form of identification to the agency/institution who confirms your identity

1. Applicant

Name, Swedish identification number, address and information if you have survivor's pension from another country than Sweden.

2. Information about the deceased

Name and Swedish identification number.

Country of residence, citizenship and information about work and residence outside Sweden. If the deceased has lived and worked in more than one country, you have to inform about all countries. You can write the information under "Other information" or in additional information provided separately.

You also have to inform if the death is caused by a work accident, a disease caused by work or an accident on the way to or from work. This information is only relevant for jobs in Sweden.

3. Legal guardian

You need to fill this in if there is a legal guardian or if the applicant is a minor, (younger than 18).

Name and identification number for the legal guardian. If the applicant is 18 years or older and has a legal guardian or if the parent is not the legal guardian you need to attach a copy of the decision of guardianship.

4. Applicants relation to the deceased

Note if the applicant is an adult partner or a child of the deceased. If the applicant is an adult answer the remaining questions under item 4.

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

Fill in the account information. Clearing number and account number. If your account is at Nordea and is the same as your Swedish personal identity number you only need to tick the box.

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

Fill in here if you want your pension to an account in a bank outside Sweden.

If you live in a country in Europe you need an account number in international format (IBAN). For accounts in USA, Canada and Australia you need an account number and a bank code - Fedwire for USA, Transit and institution for Canada and BSB for Australia.

7. Other information

If you have additional information you think you need to inform us about. Please leave the information here. You can also write additional information and provide it separately.

8. 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 any changes regarding any information, you are obliged to inform Swedish Pensions Agency as it can affect your Swedish pension.