Surviving Spouse or Partner Pension—New Relationship

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

This form is to be used when you wish to advise Veterans' Affairs of a new relationship.

Email your completed form and any supporting documents to:

veterans@nzdf.mil.nz

OR

Send your completed form to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Surviving spouse or partner's personal details

1 Veterans' Affairs number (if known)

☐☐☐☐☐☐☐☐☐

2 What is your title?

Rank ☐ ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other ☐

3 What is your full name?

First name ☐

Middle names ☐

Family name ☐

Preferred name ☐

4 What is your date of birth?

D D / M M / Y Y Y Y

5 New relationship status

☐ Married ☐ Civil Union ☐ De Facto ☐ Separated ☐ Divorced ☐ Single

6 Date relationship started or will start

D D / M M / Y Y Y Y

Surviving spouse or partner's personal details *continued …*

7 Residential address

Street address

Suburb

City Postcode

Country

8 Postal address (if different from residential address)

Street address

Suburb

City Postcode

Country

9 Other contact details

Email

Home phone Mobile phone

Work phone

10 Bank account details

! Only complete the following question if you would like to receive your payment(s) in a different bank account

Name of the account

You must attach **one** of the following

- ☐ A bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, **account holder's name and the account number**, or
- ☐ A screenshot from a banking app or website that displays **all** of the following:
  - The account holder's full name
  - The name or logo of the bank, and
  - The bank account number.

New Spouse or Partner's Personal Details

11 What is their Work and Income number?

☐☐☐–☐☐☐–☐☐☐

12 What is their title?

Rank ☐ ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other ☐

13 What is their full name?

First name ☐

Middle names ☐

Family name ☐

Preferred name ☐

14 What is Their date of birth?

D D / M M / Y Y Y Y

15 What is their residential address

Street address ☐

Suburb ☐

City ☐ Postcode ☐

Country ☐

Cessation of Surviving Spouse or Partner Pension

16 Additional payment/s

I acknowledge that the date I entered into a new relationship, I was no longer entitled to the Surviving Spouse or Partner Pension. Veterans' Affairs has or will now cease my payments.

I may be eligible to receive either of the following (tick one):

☐ Equivalent of 2 years Surviving Spouse or Partner Pension as a one off Lump Sum payment.

In electing the lump sum payment, I understand that any overpayments made will be taken into account in the final calculation of the lump sum payment.

☐ Periodic payments equal to the Surviving Spouse or Partner Pension for the next 2 years.

Privacy Statement

Personal information is managed in accordance with the privacy statement on our website ***www.va.mil.nz/privacy***. If you would like a copy of the privacy statement posted to you, please email ***veterans@nzdf.mil.nz*** to request it.

Signature and acknowledgement

Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on ***www.va.mil.nz/privacy***
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

Claimant's or authorised person's signature

Signature of claimant or authorised person:

First names:

Surname:

Today's Date:

D D / M M / Y Y Y Y

Helper | Complete this section if you've helped the claimant to complete the form

Helper's relationship to claimant:

First names:

Surname: