Survivor's Grant and Weekly Compensation

APPLICATION FORM

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

Personal Details of the Claimant

1 Veterans' Affairs number (if known)

☐☐☐☐☐☐☐☐☐

2 What is your title?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

3 What is your full name?

First name

Middle names

Family name

Preferred name

Other names/ known as

4 What is your date of birth?

D D / M M / Y Y Y Y

If this is your **first application** to Veterans' Affairs:

☐ Attach a copy of one of the following forms of identification (ID) with your signature:

- passport
- driver licence
- firearms licence

Full birth certificate – if you supply us with a birth certificate, we will also require another form of ID with your signature.

If you don't have any of the above forms of ID, contact us on 0800 483 8372.

5 What was your relationship to the veteran?

☐ Married ☐ De facto ☐ Civil union ☐ Child ☐ Dependant

☐ Other ➔ **Please provide details**

Personal Details of the Claimant *continued …*

6 Where do you live?

Street address

Suburb

City | Postcode

Country

7 If your postal address is different to where you live, enter details below.

Street address

Suburb

City | Postcode

Country

8 What are your contact details?

Email

We will contact you to verify this address

Home phone | Mobile phone

Work phone

9 Bank details

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.

10 Have you applied for a Survivors Grant from ACC?

☐ No **➡If no, you will need to apply**

☐ Yes **⬇If yes, please advise the outcome of your claim below**

Income Information

11 Tax Code Information

Weekly Compensation is a taxable entitlement.

IRD Number ☐☐☐–☐☐☐–☐☐☐ Tax code ☐

☐ Attach a signed Tax code declaration IR330 form. These can be downloaded from ***www.ird.govt.nz***

12 Have you applied for Weekly Compensation from ACC?

☐ No ➡ **If no, you will need to apply**

☐ Yes ⬇ **If yes, please advise the outcome of your claim below**

Personal Details of the late Veteran

13 Veterans' Affairs number (if known)

☐☐☐☐☐☐☐☐☐

14 What is the late Veteran's title?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other ☐

15 What is late Veteran's full name?

First name ☐

Middle names ☐

Family name ☐

Other names/ known as ☐

16 What is late Veteran's date of birth?

D D / M M / Y Y Y Y

Income information for the late Veteran

This section is only to be completed where the veteran was **not** receiving Weekly Compensation

17 Please advise the late veteran's IRD number and Tax Code if known

IRD Number ☐☐☐–☐☐☐–☐☐☐ Tax code ☐☐☐

18 Was the late veteran receiving any benefit or pension from Work & Income (MSD) or ACC?

☐ No

☐ Yes **Please list details below**

Type of Benefit/Pension/Payment	Amount	Commenced MM/YYYY	End date (if applicable) MM/YYYY
	$	/	/
	$	/	/
	$	/	/

Email your completed application form and any supporting documents to:

veterans@nzdf.mil.nz

OR

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

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: