

# Application for New Zealand Payment Overseas



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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## Please read this before you start

Please complete this application if you intend to:

- live in an overseas country for more than 26 weeks, **or**
- travel overseas for more than 26 weeks

If you are not already receiving a New Zealand benefit or pension you will need to apply for one of those as well. **Please complete all questions – if not applicable write N/A.**

## What to bring

**When you apply for payment overseas, please bring in the following along with your completed application:**

- your current passport
- your previous passport(s) to show details of your absences from New Zealand
- one other form of identification (to be at least two years old)
- international airline tickets
- your travel itinerary or proof from your travel agent of your departure details and where you are travelling (if available)
- New Zealand bank account details if you choose to have payments paid into a New Zealand account. If you want your payments to go to an overseas bank account and you have these bank account details (eg bank statement or deposit slip).

## Personal details

**Q2 note:** Give any other names that you use now or have used in the past (including your maiden name).

### 1. What is your name?

First name(s)

Surname or family name

### 2. Are you known by or have you used any other names?

No  Yes ▶ Please provide details below:

1.
2.

**Q4 note:** Please tick one box to show the title you want to be known by.

3. Are you:  Male  Female

### 4. What do you want to be called?

Mrs  Miss  Ms  Mr  No title  Other

### 5. What is your date of birth?

Day	Month	Year

## Address

**Q6 note:** If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

**Q7 note:** If you don't have a phone, give a friend or relative's number so we can contact you.

### 6. What is your contact address in New Zealand?

Flat/house no. Street name

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Suburb

City

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### 7. How can we contact you?

Home phone

Mobile phone

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Work phone

Fax

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## Partner

**Q8 note:** A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

**Q10 note:** Give any other names that your partner uses now or has used in the past (including maiden name if applicable).

### 8. Do you have a partner?

No ▶ Are you:
  Single
  Living apart/ separated
  Divorced  
 Widowed
  Civil union dissolved  
 Yes ▶ Are you:
  Married
  In a civil union
  In a relationship  
 ▶ Please provide details below:

### 9. What is your partner's name?

First name(s)  Surname or family name

### 10. Has your partner ever been known by any other names?

No  Yes ▶ Please provide details below:

1.
2.

### 11. What is your partner's date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

### 12. Is your partner receiving any type of benefit, pension or allowance from Work and Income?

No  Yes

Type of benefit, pension or allowance

### 13. Is your partner also going overseas?

No  Yes

### 14. Has your partner applied for payment overseas of their benefit, pension or allowance?

No  Yes

## Dependent children currently in your care

**Q15 note:** Please give the names of any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

### 15. Do you have dependent child(ren) in your care?

No  Yes ▶ Please provide details below:

Child's full name	Date of birth	Country of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

### 16. Are you receiving any payments from Work and Income for this child(ren)?

No  Yes ▶ Please provide details below:

Child's full name	Type of payment
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### 17. Is this child(ren) also going overseas?

No  Yes ▶ Which children are going with you?

Child's full name

## New Zealand benefits

18. Are you currently receiving a New Zealand benefit, pension or allowance?

No  Yes ▶ What type of benefit?

19. Have you ever received any type of benefit before?

No  Yes ▶ What type of benefit?


Q20 note: Please tick one box.

20. What type of benefit or pension do you wish to receive while you are overseas?

New Zealand Superannuation  Veteran's Pension  
 Supported Living Payment (if you have a health condition, injury or disability or are totally blind)  
 Sole Parent Support (widows and widowers)

## New Zealand residency

**Q22 note for New Zealand Superannuation/Veteran's Pension clients:** The length of your residence in New Zealand decides the amount you get paid overseas. Some periods outside of New Zealand may be accepted as residence here.

 Please attach a separate sheet if necessary.

21. In what country were you born?

22. How long have you lived in New Zealand since age 20?

From	To	Months	Years
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

## Periods of overseas residence

**Q23 note for New Zealand Superannuation/Veteran's Pension clients:** The length of your residence in New Zealand decides the amount you get paid overseas. Some periods outside of New Zealand may be accepted as residence here.

23. Have you been to any countries outside New Zealand?

No  Yes ▶ Please provide details below:

24. If you receive New Zealand Superannuation or Veteran's Pension, have you been in another country for any of the following reasons?

As a missionary (or the partner of a missionary) for a religious body?  No  Yes ▶ Please provide details below

For special medical or surgical treatment  No  Yes ▶ Please provide details below

For vocational training  No  Yes ▶ Please provide details below

As a mariner working on New Zealand registered or owned ships  No  Yes ▶ Please provide details below

As a member of a New Zealand or Commonwealth defence Force  No  Yes ▶ Please provide details below

Working overseas (or the partner of someone working overseas) and paying New Zealand income tax  No  Yes ▶ Please provide details below

As a volunteer appointed by Volunteer Service Abroad Inc.  No  Yes ▶ Please provide details below

Name of country	Entry date	Exit date	Purpose (eg missionary, medical)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

## Overseas intentions

**Q26 note:** If you are unsure of your intentions, please talk to Work and Income or call Senior Services on ☎ 0800 777 227.

25. What is/was your departure date from New Zealand?

Day Month Year

26. How long do you intend to live outside New Zealand?

Permanently

Temporarily ▶ Approximate number of months away:   
Months

## Overseas intentions – continued

### 27. What countries do you intend to go to?

Name of country	Entry date	Exit date	Purpose (eg missionary, medical)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

## Overseas pensions, benefits and allowances

### 28. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?


No  Yes

### 29. If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?

- Retirement or old age     War service     Disability or invalidity  
 War widow     Widow or survivor     War restitution  
 Superannuation     War injury     Child or dependant  
 Other payments

If you ticked any of the boxes above, please give details about the type of payment you receive below:

Your payment details	Pension 1	Pension 2	Pension 3	Pension 4
Name of your pension, benefit or allowance:				
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				

 Please attach any documents to your completed application form that confirm the payment(s), (eg pension certificates).

If you receive more than four payments, please attach a separate sheet showing the details.

## While you are overseas

**Q30 note:** Generally your "Agent" must live in the same country as you. The exception is if you do not intend to live overseas but are just travelling.

**Q31 note:** If you don't have a permanent overseas address, give us an address where we can contact you (eg a friend or relative's address).

### 30. Would you like to nominate a person that can make enquiries with Work and Income on your behalf and receive your mail?

- No  
 Yes ▶ Please ensure that you complete an "Appointment of an Agent" form before you leave New Zealand. These are available from Work and Income.

### 31. What are your overseas address details?

Flat/house no.  Street name   
 Suburb  City   
 Post code  Country   
 Overseas phone number  Email address

### 32. How would you prefer to receive letters from us?

- Email ▶ Please complete the email authorisation form on page 7.  
 Standard post


## Payment options

**Q33 note:** Please tick one box.

### 33. Please specify how you want your benefit, pension or allowance to be paid:

- a. I would like to have my payments made into a New Zealand bank account only.**  
Any transfer of funds overseas from your New Zealand bank account will be your responsibility.  
▶ Go to Question 34
- b. I would like to have my payments temporarily paid into a New Zealand bank account until I advise Work and Income of my overseas bank account details.**  
Work and Income will send a form to your contact address when your application is approved. Any transfer of funds overseas from your New Zealand bank account will be your responsibility.  
▶ Go to Question 34
- c. I would like Work and Income to hold onto my payments until advised of my overseas bank account details.** Work and Income will pay the initial cost of transferring your payments overseas.  
▶ Go to page 6
- d. I would like my payments to be paid into my overseas bank account which I have already opened.** Work and Income will pay the initial cost of transferring your payments overseas.  
▶ Go to Question 34

## Bank details

 Please attach verification of the bank account (from the bank) you are choosing to have your payments made to, unless Work and Income are already paying money into this bank account. The verification must show:

- bank name
- branch name
- account number (including full IBAN or bank and institution number if applicable)
- account holder's name
- the country this bank account is held in.

Office use only

Verified by .....

### 32. If you have chosen (a) or (b) or (d) from Question 33 please provide details of the account you want your benefit, pension or allowance paid into:

Name of bank (eg ANZ):

Name of branch (eg Lower Hutt):

The account is in the name of:

The New Zealand account number is:

	Bank	Branch						Account number									
■	/	■	/														■

The overseas account number is:

## Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

### The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
  - granting benefits and other assistance under the Social Security Act 1964
  - statistical and research purposes
  - providing advice to Government.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

## Important things to do

### Important things to do before you leave New Zealand:

- check your tax obligations with IRD
- contact the Ministry of Justice regarding any outstanding fines
- make arrangements for any child support payments
- give a copy of your itinerary to you family/friends
- update your Will
- check with the Ministry of Foreign Affairs and Trade for any travel warnings that may affect your plans.

## Obligations

### Please read this statement carefully and sign.

#### I must tell Senior services immediately if either my partner or I:

- intend to travel to another country
- have changes to my / our personal details (such as name, address or bank account details)
- have changes to my / our living situation
- have been granted an overseas social security pension or a pension of a similar nature
- have any other changes that may affect my / our benefit, pension or allowance entitlement or rate.

## Client declaration

I will advise the person who will take care of my affairs in the event of my death that I am receiving a New Zealand benefit, pension or allowance, and request that person to inform Senior Services immediately of my death.

The information I have given in this application is true and complete

I am aware of and understand the New Zealand Privacy Act statement contained in this application form.

I understand that Senior Services will release such information as necessary to an overseas Social Security Agency.

Client's name (print)

Client's signature

Day	Month	Year

### OFFICE USE ONLY

Interviewing / processing office:

Please return to:

Senior Services International  
Ministry of Social Development  
PO Box 5054  
Wellington 6145  
New Zealand

# Authorisation of Email address Form



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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If you would like the option to communicate with Senior Services via email, please complete this form and return it to us by fax or post. Providing us with your email details and authorising us to liaise with you via email means:

- we may be able to provide you with a faster service
- we may be able to periodically send you useful information, for example a regular newsletter, or notification of any general issues in relation to payments
- you save money as email costs less than standard post or telephone calls.

However, communicating with us by email is not always as safe as other ways of communication with us. This is particularly the case if other people have access to your computer.

Please ensure you read and sign the authorisation and declaration below. If you have any queries, please contact us on ☎ **0800 777 227**.

First name(s)

Surname or family name

Nominated email address

## Authorisation and disclaimer

- If at any time I wish to stop receiving emails I will notify Senior Services in writing.
- I authorise Senior Services to communicate with me at the email address specified above.
- I accept responsibility for access to my email address, including any information that Senior Services may send to this email address. I understand that allowing other people to access my email account may result in their access to my personal information and correspondence sent to this email address by Senior Services.
- I accept that Senior Services will not be liable for any unauthorised access to any personal information that Senior Services sends to this email address.
- I accept that if Senior Services attaches copies of other correspondence to an email, the copy that Senior Services holds will be treated as the correct and original correspondence.
- I accept that I am responsible for any information sent from my email account to Senior Services and I understand that senior services can accept any information coming from my email account as having been sent by me.
- I understand that, if I have supplied incorrect contact information, or if the delivery delay or failure is outside the control of Senior Services, Senior Services will not be responsible for the non-delivery of correspondence to this email address.
- I will advise Senior Services if my email address changes.

Client's signature

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Day      Month      Year

### Please return to:

Senior Services International  
Ministry of Social Development  
PO Box 5054  
Wellington 6145  
New Zealand