

APPLICATION FOR UNRECEIVED PENSION / BENEFIT

1. MY DETAILS AS AN APPLICANT:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	<i>(street) (city/town)(county) (index)</i>

2. DETAILS OF THE LEGAL REPRESENTATIVE:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	<i>(street) (city/town) (county) (index)</i>

3. MY APPLICATION:

<input type="checkbox"/>	I am applying for an unreceived pension/benefit
<input type="checkbox"/>	I am applying for an unreceived pension/benefit in case of inheritance <i>(for whom)</i> <i>Please note: In case of inheritance, the unreceived pension/benefit will be paid on presentation of the inheritance certificate.</i>
<input type="checkbox"/>	pension
<input type="checkbox"/>	other benefit

4. PLEASE PAY THE UNRECEIVED PENSION / BENEFIT:

TO AN ESTONIAN BANK ACCOUNT

If you have submitted different bank accounts to the Social Insurance Board, all benefits and allowances will be paid to the last account submitted (except payments related to a court order).

Name of the bank:	Number of the current account:	
Name of the owner of the current account <i>(fill in only if this is not your current account and you want compensation/allowance to the account of a third party)</i>		
Current account owner's personal identification code or registry code <i>(fill in only if this is not your current account)</i>		
Reference number of the current account <i>(to be filled in as needed if you want to receive the granted benefit /allowance to the bank account of a legal institution)</i>		
NB! <i>If you want your allowance or benefit to be paid to a bank account of a third party, it is necessary to either digitally sign the application, notarize it, or contact the customer service of the Social Insurance Board.</i>		

TO A FOREIGN BANK ACCOUNT

If you want to receive your pension in a foreign bank account, the owner of the account must be the recipient of the benefit/allowance, and it is not possible to submit a third-party bank account. In the case of a bank account in joint use, the account holder must match the name of the bank account holder.

Name of foreign bank account holder	
Personal identification code of a foreign bank account holder	
Number of the foreign bank current account	
BIC/SWIFT code of the foreign bank's current account	
Name and address of the foreign bank	
NB! <i>If you want your allowance or benefit to be paid to a bank account in joint use, you must decide who you will designate as the holder of the bank account, as a bank account can only have one holder.</i>	

HOME DELIVERY AT STATE EXPENSE

NB! Home delivery requires the customer to be at home on a specific date set by the service provider.

If the Social Insurance Board pays you different types of benefits and allowances, they are all paid either to a bank account or delivered to your home.

Address	
Postal code	
The reason why I am requesting a home delivery at the expense of the Social Insurance Board:	

5. DATE AND SIGNATURE OF SUBMISSION OF APPLICATION:

. . 20	My signature, i.e., the signature of the applicant:	
	Signature of legal representative:	
<input type="checkbox"/>	The applicant or the applicant's legal representative has signed the application digitally	