

**APPLICATION FOR CONTINUATION OF PENSION  
PAYMENT WHEN GOING TO LIVE IN A FOREIGN COUNTRY**

**1. DETAILS OF THE APPLICANT:**

First name	
Surname	
Previous surnames	
Estonian personal identification code (in its absence, date of birth date/month/year)	
Personal identification code of the country of residence	
E-mail address	
Contact phone number:	
A valid postal address	<i>(street) (city/town) (county) (index)</i>
The last address in Estonia	<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. PAYMENT OF PENSION**

Did you previously receive a pension in Estonia?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
I am currently working.	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
I request the continuation of payment of pension:	
<input type="checkbox"/>	to the extent of 100% <i>(fill in only if you want to continue receiving a previously suspended pension)</i>

**4. USE OF TAX-FREE INCOME FROM PENSION:**

<b>The pension is subject to income tax.</b>
If you are of old-age pension age and/or you reach old-age pension age during the calendar year of granting pension, the Social Insurance Board is obliged to automatically deduct tax-free income from your pension in the calendar month at the rate of an average old-age pension (2024: 776 euros).

If you are not of old-age pension age and/or do not reach old-age pension age during the calendar year of granting the pension, you can use the income tax exemption from the pension of 0 - 654 euros per calendar month. The income tax exemption can be used either at the Social Insurance Board or at the employer.	
<input type="checkbox"/>	I want to use the tax-free part of the amount from € 20 of the month
<input type="checkbox"/>	I do not wish to use the tax-free part.

5. PLEASE CONTINUE TO PAY THE PENSION GRANTED TO ME:

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 ( to be filled in as needed if you want to receive the granted benefit /allowance to the bank account of a legal institution)		
NB! 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.		

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! 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.	

6. I AM AWARE, and I CONFIRM that:

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• I know that the pensioner is obliged to notify in writing within ten days of all circumstances that lead to the termination, suspension, or change in the amount of the state pension.</li> <li>• I confirm that the information provided by me is correct</li> <li>• The suspension/resumption of pension payment will take effect in the calendar month following the submission of the application.</li> </ul> <p><i>NB! If the application reaches the Social Insurance Board 5 working days before the end of the month, the suspension or continuation of pension payment will take effect from the month following the submission of the application.</i></p>
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7. DATE AND SIGNATURE OF SUBMISSION OF APPLICATION:

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