

Claimant's Personal Details

1	Veterans' Affairs number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Title	Rank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Last name	<input type="text"/>							
4	First name/s	<input type="text"/>							
5	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>					
6	Contact Details								

Postal Address	
<input type="text"/>	
Country (if not New Zealand)	Post Code
<input type="text"/>	<input type="text"/>
Home Phone	Work Phone
<input type="text"/>	<input type="text"/>
Mobile Number	Fax Number
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

7 I wish to apply for Financial Advice (please select one of the below options)

<input type="checkbox"/>	I wish Veterans' Affairs to nominate a financial adviser to provide financial advice.
<input type="checkbox"/>	I would like to use the financial adviser listed below.
Name of Adviser	
<input type="text"/>	
Postal Address	
<input type="text"/>	
Post Code	
<input type="text"/>	<input type="text"/>
Work Phone	Extn
<input type="text"/>	<input type="text"/>
Mobile Number	Fax Number
<input type="text"/>	<input type="text"/>
E-mail Address	
<input type="text"/>	

8 Eligible payment

I have received a minimum of \$15,000 as either a Lump sum Payment for Permanent Impairment or I am a surviving spouse or partner and have received a lump sum payment for Weekly Compensation.

Yes No

Please note:

- The Financial Adviser must be authorised under the Financial Advisers Act 2008.
- Veterans' Affairs has no liability for any advice provided by a financial adviser.
- The sole purpose for Veterans' Affairs paying for financial advice is to assist a veteran or family member in making an informed decision regarding any lump sum payment they may receive.

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

You can read our full privacy statement on our website

Your 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 this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

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, held by any doctor or health practitioner or named agencies, or service providers, 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.

Signature | Please sign

Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

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

Helper name

Helper's relationship to claimant