
New Spouse or Partner's Personal Details

13	Work and Income 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"/>	<input type="text"/>
14	Title (tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>		
15	Last name	<input type="text"/>								
16	First name/s	<input type="text"/>								
17	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>								
18	Residential address	<input type="text"/>								
		<input type="text"/>								
		<input type="text"/>								
		Country (if not New Zealand)						Post Code		

Cessation of Surviving Spouse or Partner Pension

19 Additional payment/s

I acknowledge that the date I entered into a new relationship, I was no longer entitled to the Surviving Spouse or Partner Pension. Veterans' Affairs has or will now cease my payments. I may be eligible to receive either of the following (tick one):

Equivalent of 2 years Surviving Spouse or Partner Pension as a one off Lump Sum payment.

In electing the lump sum payment, I understand that any overpayments made will be taken into account in the final calculation of the lump sum payment.

Periodic payments equal to the Surviving Spouse or Partner Pension for the next 2 years.

Please send 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