

Personal details of the applicant

1

Full name

Social Security Identification Number

Taxpayer Number

Birth date
 - -
year month day

Marital status

Family relationship with the deceased beneficiary

Address¹

Locality

Postcode

Parish

Municipality

District

Mobile phone or phone no.

Email

¹ To be completed only if you do not have a Citizen Card. If you have a Citizen Card, please read the address information in [table 10](#).

Personal details of the deceased beneficiary

2

Full name

Social Security Identification Number

Birth date
 - -
year month day

Marital status at the date of death

Date of death
 - -
year month day

Information concerning the deceased beneficiary

3

3.1. Cause of death:

Natural disease

Accident¹: with third party intervention at work

Occupational disease

Other

If you answered **accident**, please indicate if you have received a compensation from the Insurance Company:

Yes No

¹ Please complete form [RP 5078 - Statement of third party liability act - Funeral Allowance/Death Benefits/Reimbursement of Funeral Expenses](#).

Information concerning the deceased beneficiary (continuation)

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3.2. Situation at the date of death

3.2.1. Had he/she applied for a pension? Yes No

If you ticked **yes**, please indicate the name of the paying authority:

3.2.2. Was he/she holder of an occupational disease pension? Yes No

3.2.3. Was he/she a pensioner? Yes No

If you ticked **yes**, please indicate the name of the paying authority

and go to **paragraph 4.3. and the following ones.**

Contributory career of the deceased beneficiary

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4.1. Civil service

4.1.1. Did he/she pay contributions for the Civil Servants Pension Fund (*Caixa Geral de Aposentações*)? Yes No

4.1.2. Had he/she applied for the Unified Pension? Yes No

4.1.3. Did he request for the compulsory military service period to be taken into account in the Civil Servants Pension Fund?
 Yes No

4.2. Welfare Fund for Lawyers and Solicitors (*Caixa de Previdência dos Advogados e Solicitadores*)

4.2.1. Was he/she covered by the Welfare Fund for Lawyers and Solicitors? Yes No

If you ticked **yes**, please indicate:

The number of beneficiary from the Welfare Fund for Lawyers and Solicitors:

4.3. Abroad

4.3.1. Did he/she work in another country? Yes No

If you ticked **yes**, please indicate:

Country

Periods:

from - - to - -
year month day year month day

Country

Periods:

from - - to - -
year month day year month day

Country

Periods:

from - - to - -
year month day year month day

4.3.2. Was he/she covered by Social Security abroad? Yes No

If you ticked **yes**, please indicate: Foreign Social Security Identification Number

4.3.3. Was he/she a pensioner? Yes No

4.4. Military Service

4.4.1. Did the deceased beneficiary complete the compulsory military service? Yes No

4.4.2. Did he/she pay contributions to a scheme other than the Social Security General Scheme? Yes No

Special Situations within the scope of the deceased beneficiary's contributory career

5

5.1. Is the beneficiary covered by special situations? Yes No

If you ticked **yes**, please indicate which:

Details concerning the surviving beneficiary

6

6.1. Were the funeral expenses paid by the beneficiary? Yes No

6.2. Does the amount paid correspond to all the funeral expenses? Yes No

If you ticked **yes**, please indicate the funeral expenses' total amount €

If you ticked **no**, please indicate the amount of the receipt €

6.3. Which is the declared family relationship of the beneficiary with the deceased person?

Applicant's current pension income

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7.1. Are you receiving a Survivor's Pension from another pension scheme? Yes No

If you ticked **yes**, please indicate: Pensioner's no.

Nature of the pension	Monthly amount (€)	Paying authority
Occupational disease	<input type="text"/>	<input type="text"/>
Accident at work	<input type="text"/>	<input type="text"/>
Foreign Social Security general scheme	<input type="text"/>	<input type="text"/>
Civil service	<input type="text"/>	<input type="text"/>
Other values ¹	<input type="text"/>	<input type="text"/>

7.2. Have you applied for another pension? Yes No If you ticked **yes**, please indicate:

Name of the authority where you submitted the request

7.3. Are you applying for a Unified Pension under Decree-Law no. 361/98, of 18 November? Yes No

¹ If you received other values, please indicate them, namely the ones concerning compensations and grants.

Personal details of the deceased beneficiary's child(children) or equivalent

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8.1. Up to age of 27 (including unborn children, adopted children)

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -

year month day

Family relationship with the deceased beneficiary

Educational level

School grade

Does he/she work? Yes No

Was he/she dependent on the beneficiary at the time of his/her death? Yes No

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Personal details of the deceased beneficiary's child(children) or equivalent (continuation)

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -
year month day

Family relationship with the deceased beneficiary

Educational level

School grade

Does he/she work? Yes No

Was he/she dependent on the beneficiary at the time of his/her death? Yes No

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -
year month day

Family relationship with the deceased beneficiary

Educational level

School grade

Does he/she work? Yes No

Was he/she dependent on the beneficiary at the time of his/her death? Yes No

8.2. Without age limit (person with a disability who, in that capacity, is entitled to Family Benefits or the Social Inclusion Benefit)

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -
year month day

Family relationship with the deceased beneficiary

Type of disability

Physical Psychological

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -
year month day

Family relationship with the deceased beneficiary

Type of disability

Physical Psychological

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -
year month day

Family relationship with the deceased beneficiary

Type of disability

Physical Psychological

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Statements

I hereby **declare** that the information I have provided is complete and true.

I undertake:

- ▶ to communicate any changes to the information provided;
- ▶ to return to Social Security the percentage of the Survivor's Pension paid on a provisional basis, namely if I get married or start living in a *de facto* relationship and/or if the ex-spouse(s) applies(apply) for the same benefit within a period of 6 months.

I am aware that false statements are punished according to the law.

Date

- -
 year month day

Signature

Signature of the applicant or of another person on his/her behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

Information

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Documents to submit

10.1. Deceased beneficiary

- ▶ Complete narrative birth certificate with death endorsement.
- ▶ Form [RP 5078 - Statement of third party liability act - Funeral Allowance/Death Benefits/ Reimbursement of Funeral Expenses](#), if the death was caused by an accident.
- ▶ Documents attesting the time of compulsory military service (Military booklet or Certificate issued by the competent Recruitment and Mobilization District), if the deceased beneficiary has not requested for the military service period to be taken into account in his insurance career.

10.2. Applicants

- ▶ **Spouse or *de facto* partner:**
 - ▷ Updated complete narrative birth certificate.
 - ▷ Valid ID document, namely Citizen Card, Identity Card, Passport.
 - ▷ Taxpayer Card, if the person concerned does not have a Citizen Card.
 - ▷ Form [RP 5083 - De facto relationship status](#)¹.
- ▶ **Former spouse:**
 - ▷ Updated complete narrative birth certificate.
 - ▷ Valid ID document, namely Citizen Card, Identity Card, Passport.
 - ▷ Updated divorce judgement certificate granting entitlement to alimony.
- ▶ **Children:**
 - ▷ Valid ID document, namely Citizen Card, Identity Card, Civil Registry Certificate or Birth Certificate of each child or stepchild.
 - ▷ First-degree descendants (children aged between 18 and 27) and second-degree descendants (grandchildren aged between 16 and 24) must submit the School Proof until 31 July of each year, through the Social Security Online Service (*Segurança Social Direta*).

▶ **Ascendants/Relatives and kin or equivalent:**

- ▷ Updated complete narrative birth certificate.
- ▷ Valid ID document, namely Citizen Card, Identity Card, Passport.
- ▷ Form [RP 5086 - Statement - Ascendants dependent on the deceased beneficiary - Death Benefits](#)

10.3. Other documents

- ▷ Form [RP 5077 - Statement - Pension Application to the Competent Foreign Institution](#), in the case of a pension under the Community Regulations and Bilateral Conventions.
- ▷ Form [RV 1017 - Identification of Natural Persons covered by the citizenship social protection system](#), in case the person concerned is not registered in the Social Security system, attaching the supporting documents requested therein.
- ▷ Multipurpose Medical Certificate of Incapacity¹ attesting a degree of incapacity equal to or higher than 60%, if the person concerned is in this situation and holds the aforementioned certificate issued by the competent Health Service.
- ▷ Valid ID document of the person signing on behalf of the applicant, when the applicant cannot or does not know to sign.
- ▷ Receipt and detailed invoice issued by the funeral agency as proof of payment of the funeral expenses, stating the name of the deceased beneficiary and of the applicant, if the applicant has paid part or all of the funeral expenses.

¹ For the application of Article 2-A of Law no. 7/2001 of 11 May, republished by Law no. 23/2020 of 30 August.

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i Notes

- ▶ If the deceased beneficiary worked in France, the certificates must be submitted in an international format.
- ▶ Pension payments (amounts unduly paid) made by bank transfer will be debited from the bank account to which these payments were made, within three months following knowledge of the death.
- ▶ If the reimbursement of the unduly paid amounts is not possible, these amounts may be offset in the benefits to be granted.
- ▶ Any change of address, marital status and *de facto* relationship status must be communicated to the Social Security services within 10 working days.

📍 Where to submit the application

The application must be submitted:

- ▶ through the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt, completing the online application.
- ▶ in person, at the Social Security Customer Information Services, or sent by post.

The time limit for the application submission is 180 days as of;

- ▶ the date of registration of the beneficiary's death, in the case of Survivor's Pension;
- ▶ the date of registration of the beneficiary's death, in the case of Death Grant.

The Survivor's Pension can also be requested at any date; however, it is paid only in the month following the one in which the application is submitted.

i Change of address

If you have the Citizen Card, please check if the address on your card is the same as the one shown in the Social Security system.

If you want to indicate a different address, you can do so:

- ▶ on the *ePortugal* portal, using the Citizen Card authentication method, the Digital Mobile Key or the portal's virtual assistant;
- ▶ in person, at the Citizen Spaces (*Espaços Cidadão*);
- ▶ at the Citizen Card customer information desks.

€ Bank account

The payment of all your current or future benefits/allowances or pensions will be made by bank transfer to the IBAN (International Bank Account Number) registered in the Social Security Information System.

If you have not registered your IBAN yet or if you want to update it, you can do so:

- ▶ via the Internet, through the Social Online Service (*Segurança Social Direta*) at www.seg-social.pt
- ▶ at the Social Security Customer Information Services, by submitting the Application form [MG 14 - IBAN Registration or Change \(Registo ou Alteração de IBAN\)](#) which is available at www.seg-social.pt

If the registered IBAN is incorrect or if you do not have your IBAN details in the Social Security information system, the payment of all your current or future benefits/allowances or pensions will be made according to the payment method that is registered in the system.

Data protection



The collected data will be processed by the competent Social Security Services (*Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A. e Instituto de Segurança Social da Madeira, I.P.-RAM*) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security website at www.seg-social.pt

To be completed by the Social Security services

I confirm that the signature of the **Applicant** **Person that signed on his/her behalf** is in accordance with the following identification document:

- Citizen Card Identity Card Passport Other

Number

Valid until --
year month day

Signature and stamp