

Social Security

Application for a Retirement Pension forecast

Part 1 About you

Pleasetellusaboutyourself. Use BLOCK CAPITALS.

NationalInsurance(NI)number	Letters	Numbers	Letter
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>		
Surname	<input type="text"/>		
Othernames	<input type="text"/>		
Anyothersurnamesyou havehad	<input type="text"/>		
Dateofbirth	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Daytimephonenumber	Code	Number	
	<input type="text"/>	<input type="text"/>	

Part 2 Marital status

YourRetirementPensionmaybeaffectedbyaspouse'sNational Insurance(NI)contributions.

Pleasetickthedescriptionthatappliesto youandanswerthequestions.

Single	<input type="checkbox"/>	Goto Part 5.
Married	<input type="checkbox"/>	Dateofmarriage <input type="text"/> // Goto Part 4.
Marriedbut abouttoget divorced	<input type="checkbox"/>	Expecteddateofdivorce <input type="text"/> // Goto Part 3.
Divorced	<input type="checkbox"/>	Dateofdivorce <input type="text"/> // Goto Part 3.
Widowed	<input type="checkbox"/>	Dateofwidowhood <input type="text"/> //
	<input type="checkbox"/>	Widow'sPension
	<input type="checkbox"/>	WarWidow'sPension
	<input type="checkbox"/>	IndustrialDeathBenefit
		HowmuchIndustrial DeathBenefitdo you geteachweek?
		£ <input type="text"/>
		Goto Part 3.



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the Department of Social Security

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Part3 Marital status –more information

We need more information if you are

- marriedbutabouttogetdivorced,or
- divorced,or
- widowed.

Please tell us about your last spouse here.

Date of marriage	<input type="text" value="//"/>
Spouse's full name	<input type="text"/>
Spouse's date of birth	<input type="text" value="//"/>
Spouse's National Insurance (NI) number	<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"/> <input type="text"/>
Spouse's last address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>

Part4 If you have been married more than once

Were you widowed before April 1978?	No <input type="checkbox"/>	Goto Part 5.	
	Yes <input type="checkbox"/>	What date did you marry your late husband?	<input type="text" value="//"/>
		What date were you widowed?	<input type="text" value="//"/>
		What date did you remarry?	<input type="text" value="//"/>

Part5 About HM Forces and the Civil Service

Have you ever been in HM Forces or worked in the Civil Service?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>

Part6 About Child Benefit

Are you getting Child Benefit?	No <input type="checkbox"/>	Goto Part 7.
	Yes <input type="checkbox"/>	Is your name the first or only name on the order book or letter about having your money paid into an account?
	No <input type="checkbox"/>	Goto Part 7.
	Yes <input type="checkbox"/>	What is the date of birth of your youngest or only child?
		<input type="text" value="//"/>
		What is the date of birth of your oldest child if you have more than one child?
		<input type="text" value="//"/>

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Part 7 About what you are doing now

Please tick all the descriptions that apply to you.

A Working for an employer	<input type="checkbox"/>	F Getting Statutory Sick Pay	<input type="checkbox"/>
B Working for an employer and getting Disability Working Allowance	<input type="checkbox"/>	G Registering for Jobseeker's Allowance	<input type="checkbox"/>
C Self-employed	<input type="checkbox"/>	H Getting Incapacity Benefit	<input type="checkbox"/>
D Self-employed and getting Disability Working Allowance	<input type="checkbox"/>	I Getting Invalid Care Allowance	<input type="checkbox"/>
E Not working	<input type="checkbox"/>	J Getting Severe Disablement Allowance	<input type="checkbox"/>

Part 8 About NI contributions

If you have ticked G, H, I or J in Part 7, you do not need to fill in Part 8.

If you have ticked A, B, C, D, E or F in Part 7, we need to know about the NI contributions you are paying.

Please tick all the boxes that apply to you.

Paying full rate NI contributions	<input type="checkbox"/>	
Paying married woman's or widow's reduced rate NI contributions	<input type="checkbox"/>	
Paying Class 2 self-employed NI contributions	<input type="checkbox"/>	
Paying Class 3 voluntary NI contributions	<input type="checkbox"/>	
Not paying NI contributions	<input type="checkbox"/>	If you can improve your Basic Pension by paying Class 3 voluntary contributions, we will tell you about this in your forecast.

Part 9 About self-employment

Are you self-employed now? No

Yes What date did you become self-employed?

Have you been self-employed at any time since 5 April 1975? No

Yes Please give details

From <input type="text" value="/ /"/>	To <input type="text" value="/ /"/>
From <input type="text" value="/ /"/>	To <input type="text" value="/ /"/>
From <input type="text" value="/ /"/>	To <input type="text" value="/ /"/>

Please turn over ►

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Part 10 Living abroad

We need to know if you have ever lived outside the United Kingdom since the age of 16. We use *United Kingdom* to mean England, Scotland, Wales and Northern Ireland.

Do not include holidays or periods in the armed forces.

Tick the boxes that apply to you.

Australia Channel Islands

Canada New Zealand

Any other country or countries Which countries?

Part 11 Extra information

We can also tell you what may happen to your Retirement Pension in different situations. If you want extra information in your forecast, please tick the things you want to know about.

You put off claiming your Retirement Pension past your state pension age

You stop work before you reach your state pension age Please tell us the date you may stop working

You got to live abroad Please tell us the country you may go to

You stop paying married woman's or widow's reduced rate NI contributions and start paying full rate NI contributions Please tell us the date you might change
Please tell us what your annual earnings are now

Your annual earnings change Please tell us what they might change to
Do not include pension income.

Part 12 Your signature

Please sign and date this form.

Your signature

Date

If you want your Retirement Pension forecast sent to someone else, you **must** also fill in and sign **Part 13**.

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Part 13 Sending your forecast to someone else

The Department's records are strictly confidential and your Retirement Pension forecast cannot be sent to someone else unless we have your written consent to do so.

If you would like us to send your Retirement Pension forecast to someone else instead of directly to yourself, please fill in the following authorisation.

I **authorise** the Benefits Agency to send my Retirement Pension forecast to my representative who will act on my behalf and to whom you may disclose any information held on my National Insurance (NI) record which is relevant to my Retirement Pension.

My representative is named below. Use BLOCK CAPITALS.

Their name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode
Daytime phone number	<input type="text"/>
	Code Number
Company reference number, if appropriate	<input type="text"/>

Please sign and date this authorisation.

Your signature	<input type="text"/>
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Date	<input type="text" value="//"/>
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