

# Application form for State Pension (Non-Contributory)

Social Welfare Services

**SPNC 1**

Data Classification R



**You need a Personal Public Service Number (PPS No.) before you apply.**

**How to complete this application form.**

- Please tear off this page and use as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.

**If you do not have a spouse, civil partner or cohabitant:**

Please fill in **Parts 1 to 6**. When form is completed, read **Part 10** and sign declaration in **Part 1**.

**If you have a spouse, civil partner or cohabitant:**

Please fill in **Parts 1 to 8**. **Part 9** must be filled in and signed by your spouse, civil partner or cohabitant. When form is completed, read **Part 10** and sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to **[www.welfare.ie](http://www.welfare.ie)**.

You should apply **3 months** before reaching pension age.

## **Important**

**If you fail to provide relevant information or if you provide information which is untrue or misleading you will be required to repay any payment you received from the Department and you may be prosecuted. You must notify the Department of any change in your circumstances.**

## How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T							
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other								
3. Surname:	M	U	R	P	H	Y									
4. First name(s):	M	A	U	R	E	E	N								
5. Your first name(s) as appear(s) on your birth certificate:	M	A	R	Y											
6. Birth surname:	M	C	D	E	R	M	O	T	T						
7. Your date of birth:	2	8		0	2		1	9	7	0					
	D	D		M	M		Y	Y	Y	Y					
8. Your mother's birth surname:	K	E	L	L	Y										

## Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T						
	O	L	D		T	O	W	N										
	D	O	N	E	G	A	L		T	O	W	N						
County	D	O	N	E	G	A	L		Postcode									
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
	MOBILE																	
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
	LANDLINE																	
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R	
	B	O	X															

# SAMPLE



Part 1

Your own details

1. Your PPS No.:

2. Title: (insert an 'X' or specify) Mr.  Mrs.  Ms.  Other

3. Surname:

4. First name(s):

5. Your first name(s) as appear(s) on your birth certificate:

6. Birth surname:

7. Your date of birth:        
D D M M Y Y Y Y

8. Your mother's birth surname:

Contact Details

9. Your address:   
  
  
County  Postcode

10. Your telephone number:  MOBILE  
 LANDLINE

11. Your email address:

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

If you cannot sign your name, make a mark, such as an X and have it witnessed.

Signature (not block letters)

Date:        
D D M M Y Y Y Y

Signature of witness (not block letters)

Date:        
D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.







20. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

Yes  No

If 'Yes', please state:

**Financial Institution 1**

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account?  Yes  No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

**Financial Institution 2**

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account?  Yes  No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

**Please attach an original statement for each account, showing transactions for the last 3 months.**

**If you have any other accounts you must give details of them to this Department on a separate sheet of paper.**









## Part 4

## Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

## Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):  
Name 1:

Name 2 (if any):

## Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:

If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you, please complete the form **AGENT** authority to appoint an agent available on [www.welfare.ie](http://www.welfare.ie).



## Part 5

## Details of your qualified child(ren)

32. Do you wish to apply for qualified child(ren)?  Yes  No

If 'Yes', how many children do you wish to claim for?

under age 18

age 18 - 22 in full-time education

Please state child's:

**Child 1**

Surname:

First name(s):

PPS No.:

Date of birth:

  

D D M M Y Y Y Y

**Child 2**

Surname:

First name(s):

PPS No.:

Date of birth:

  

D D M M Y Y Y Y

**Child 3**

Surname:

First name(s):

PPS No.:

Date of birth:

  

D D M M Y Y Y Y

**Child 4**

Surname:

First name(s):

PPS No.:

Date of birth:

  

D D M M Y Y Y Y

**You must attach written confirmation from the school or college for the children aged 18 - 22.**

**Note: A separate sheet of paper can be used for details of other children you have.**





## Person 2

Surname:

First name(s):

PPS No.:

Relationship to you:

Are they:

 Employed  Self-employed

If so, state weekly amount:

€ , .  a week

Are they:

 In receipt of a social welfare payment  OtherIf in receipt of a **social welfare payment** or **other**, please give details in the space provided:

Weekly amount:

€ , .  a week

## Person 3

Surname:

First name(s):

PPS No.:

Relationship to you:

Are they:

 Employed  Self-employed

If so, state weekly amount:

€ , .  a week

Are they:

 In receipt of a social welfare payment  OtherIf in receipt of a **social welfare payment** or **other**, please give details in the space provided:

Weekly amount:

€ , .  a week

## Part 6 continued

## Other payments

## Person 4

Surname:

First name(s):

PPS No.:

Relationship to you:

Are they:

 Employed  Self-employed

If so, state weekly amount:

€ , .  a week

Are they:

 In receipt of a social welfare payment  OtherIf in receipt of a **social welfare payment** or **other**, please give details in the space provided:

Weekly amount:

€ , .  a week**Note: A separate sheet of paper can be used for details of other persons living with you.**

## Extra benefits

For more information on extra benefits available to pensioners, log on to [www.welfare.ie](http://www.welfare.ie).

## Part 7

## Your spouse's, civil partner's or cohabitant's details

36. Their PPS No.:

37. Title: (insert an 'X' or specify)

Mr.  Mrs.  Ms.  Other 

38. Their surname:

39. Their first name(s) as appear(s) on their birth certificate:

40. Their birth surname:

41. Their date of birth:

    
D D M M Y Y Y Y

42. Their mother's birth surname:

43. Their address:

Only answer this question if you are married or in a civil partnership and do not live together.







## Part 8 continued

## Your spouse's, civil partner's or cohabitant's work and claim details

## Financial Institution 2

Name of financial institution: Bank Identifier Code (BIC): International Bank Account Number (IBAN): Current balance: € , . Is this account a joint account?  Yes  No

Name(s) of account holder(s):

Name 1: Name 2 (if any): **Please attach an original statement for each account, showing transactions for the last 3 months.****If you have any other accounts you must give details of them to this Department on a separate sheet of paper.****51. Do they have property apart from their home?** Yes  No**If 'Yes', please state:**Type of property: Address of property: **'Property' would be an apartment, business property, another house or land other than that mentioned at question 48.** Current market value: € , , . Rent from this property: € , .  a week**Please provide a valuation from a registered auctioneer or valuer.****52. Are they paying a mortgage or a housing loan for this property?** Yes  No**If 'Yes', please state:**Amount of mortgage or loan outstanding: € , , . **Please attach documentary evidence.****53. Are they paying maintenance?** Yes  No**If 'Yes', please state:**Amount: € , .  a week**Please provide a copy of the maintenance agreement.**



## Part 8 continued

Your spouse's, civil partner's or cohabitant's  
work and claim details

54. Are they receiving  
maintenance?

Yes

No

If 'Yes', please state:

Amount:

€

a week

Please provide a copy of the maintenance agreement.

55. Do they have any other  
income?

Yes

No

If 'Yes', please give details in the space provided:

56. Did they ever sell or transfer  
any property or business?

Yes

No

If 'Yes', please give details in the space provided and attach a copy of the deed of transfer:

57. Have they moved from  
their home?

Yes

No

If 'Yes', please outline the circumstances in the space provided. If their home is rented,  
occupied by other people or otherwise being used, please give details:

58. Did they recently sell their  
home to buy another?

Yes

No

If 'Yes', please outline the circumstances in the space provided and attach supporting documents  
regarding the financial transaction from their solicitor and a copy of the Deed of Transfer:



## Part 9

Spouse's, civil partner's or cohabitant's  
payment details

Any qualified adult increase which you (the pensioner) qualify for will be paid direct to your spouse, civil partner or cohabitant unless they state otherwise. You should show them this page to let them decide if they want to receive this increase for themselves or if they want you to get paid this increase with your pension.

## Declaration of Qualified Adult

## Notice to Pensioner:

The Remainder of this page should be filled out by the person named in Part 7.

(a) I, , wish to have any Increase for a Qualified Adult to be paid directly to me.

OR

(b) I, , wish to have any Increase for a Qualified Adult paid to my spouse, civil partner or cohabitant with their pension.

If part (b) above has been signed you should let us know whether you wish to receive payment into the post office or into your account in a financial institution.

Fill in one of the payment options below.

## Payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

## Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

## Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:



**Please ensure that you enclose all documents requested as failure to do so may lead to your application form being returned and this may delay your application.**

**Have you enclosed the following?**

- **You and your spouse's, civil partner's or cohabitant's most recent payslips**  
(if you or your spouse, civil partner or cohabitant were employed during the last 12 months)
- **Statements from all financial institutions showing the last 3 months transactions (internet printouts are not accepted) and the name and address of the account holder(s).**  
(if you or your spouse, civil partner or cohabitant have money or investments in a financial institution)
- **Advice slips from any pensions you or your spouse, civil partner or cohabitant are receiving.**
- **Letter from school or college.**  
(if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)
- **If you are the holder of a Garda National Immigration Bureau card (GNIB), have you attached a copy of this card and your letter from the Department of Justice and Equality?**

**If you are claiming for Fuel Allowance, please make sure that you have you fully completed Question 34 and 35.**

**If you were born, married or entered into a civil partnership or a civil union outside the Republic of Ireland:**

- **Your birth certificate**
- **Your marriage certificate or civil partnership or civil union registration certificate**
- **Your spouse's, civil partner's or cohabitant's birth certificate**  
(if applying for an increase for them)
- **Your child(ren)'s birth certificate(s)** (if applying for an increase for them)  
Note: No birth certificate is needed if you are already getting Child Benefit.

**Original certificates only.**

**Please remember to sign the Declaration in Part 1.**

**If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.**



Send this completed application form to:

**State Pension (Non-Contributory) Section**

Social Welfare Services

Department of Employment Affairs and Social Protection

College Road

Sligo

Telephone: (071) 915 7100

LoCall: 1890 500 000

If you are calling from outside the Republic of Ireland please call + 353 71 915 7100

**Note**

**The rates charged for using 1890 (LoCall) numbers may vary among different service providers.**

**Data Protection Statement**

**The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at [www.welfare.ie/dataprotection](http://www.welfare.ie/dataprotection) or in hard copy.**

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

