

# Survivor's Grant and Weekly Compensation

## Personal Details of the Claimant

<b>1</b>	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"/>	
<b>2</b>	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"/>			
<b>3</b>	Last Name	<input type="text"/>								
<b>4</b>	First name/s	<input type="text"/>								
<b>5</b>	Other name/s known as	<input type="text"/>								
<b>6</b>	Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				

 Attach a certified copy of your full birth certificate; current passport, drivers licence or firearms licence.

## 7 What was your relationship to the veteran?

Married  De facto  Civil union  Child  Dependant  Other

## 8 Residential Address

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

## 9 Postal Address (if different from residential address)

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

## 10 Other Contact Details

Home Phone	Work Phone
Mobile Number	Fax Number
E-mail Address	

## Personal Details of the late Veteran

<b>11</b>	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"/>	
<b>12</b>	Title	Rank <input type="text"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>				
<b>13</b>	Last name	<input type="text"/>								
<b>14</b>	First name/s	<input type="text"/>								
<b>15</b>	Other name/s known as	<input type="text"/>								
<b>16</b>	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				

**17 Bank Details** *This will be the account your Survivor's Grant & Weekly Compensation will be paid into if granted.*

You do **not** need to complete this if Veterans' Affairs already hold a current bank account for you.

Name of bank	Branch
Account Name	



Write your bank account number below and attach an original or certified copy of your bank statement showing the account number and name **OR** a pre printed deposit slip stamped by your bank.

Bank				Branch				Account number																	
■	/			■	■	/														■	■	■	/		■

**18 Other entitlements**

Have you applied for a Survivors Grant from ACC?

No If no, you will need to apply

Yes If yes, please advise the outcome of your claim below


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**Income Information**

**19 Tax Code Information**

*Weekly Compensation is a taxable entitlement. Enter **your** IRD number and tax code information.*

IRD Number

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Tax Code



Attach a signed Tax code declaration IR330 form. These can be downloaded from [www.ird.govt.nz](http://www.ird.govt.nz)

**20 Other entitlements**

Have you applied for Weekly Compensation from ACC?

No If no, you will need to apply

Yes If yes, please advise the outcome of your claim below


# Income Information for the late veteran

This section is only to be completed where the veteran was **not** receiving Weekly Compensation

## 21 Tax Code Information for the late veteran

Please advise the late veteran's IRD number and Tax Code if known

IRD Number           Tax Code

## 22 Details of Benefits/Pensions or ACC Payments for the late veteran

Was the late veteran receiving any benefit or pension from Work & Income (MSD) or ACC?  No  Yes If yes, please list details below

Type of Benefit/Pension/Payment	Amount	Commenced		End Date (if applicable)	
		Month	Year	Month	Year
	\$				
	\$				
	\$				

### 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](http://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](http://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