

### Translation of the PAYMENT FORM 2013

<b>A</b>	<u>I am older than 60 years</u>		
<b>B</b>	<u>I have been awarded disability pension according to the Danish Act on Social Pensions (lov om social pension)</u>	Date of award	Signature and stamp of the social security office in your Home City Council.
<b>C</b>	<u>I have been awarded public servant pension or pension for staff employed on terms similar to those of public servants</u>	Date of award	Signature and stamp of the authority paying the pension.
<b>D</b>	<u>I have been awarded retirement pension or disability pension from an approved pension scheme</u>	Date of award	Signature and stamp of the pension fund or life insurance company
<b>E</b>	<u>I have been awarded compensation due to permanent loss of minimum 50 per cent of my work ability</u>	Date of award	Signature and stamp of the authority or life insurance company who has awarded the compensation.
<b>F</b>	<u>I have been awarded pension abroad or compensation equivalent to item B, C, D or E</u>	Date of award	Signature and stamp of the authority or life insurance company who has granted the pension or compensation.

<b>G</b>	<u>I have moved to Greenland or the Faroe Islands and have taken up permanent residence and been resident there for the past five years</u>	Date of move	Signature and stamp of the Greenlandic or Faroese Register Office.
<b>H</b>	<u>I have moved abroad and intend to take up residence abroad</u>	Date of move	Personal signature
<b>I</b>	<u>I am suffering from or have been suffering from a life-threatening illness</u>		I attach a "kapitalpensionsattest" signed by a doctor as documentation.
Date		Personal signature	