



Further information at [www.tyoelake.fi](http://www.tyoelake.fi) or [www.kela.fi](http://www.kela.fi)  
Please consult the instructions for pension applicants (ETK/Kela 7007oe).  
The instructions tell you how you can apply for a pension and how your personal data are handled when your pension case is processed.



Please make sure to complete the form carefully. Attach all necessary documentation.  
We may contact you for further information if necessary.  
Send the application and any supporting documents to your authorised pension provider, the Finnish Centre for Pensions (Eläketurvakeskus) or to Kela.



If you have questions, please call your pension provider or Kela's customer service number ([www.kela.fi/call-kela](http://www.kela.fi/call-kela)).

**With this form you can apply for earnings-related pensions and national pensions as well as pensions from another EU or EEA country, Switzerland, the United Kingdom or a country that has concluded a social security agreement with Finland.**

**Recipients of a national pension or an earnings-related pension can apply for a child increase from Kela for children aged under 16 years. Please complete and send form EV 264 (Hakemus - Eläkkeensaajan lapsikorotus) to Kela.**

### 1. Applicant

Personal identity code      Family name

Given names

Street address

Postal code

Postal district

Phone number

E-mail

Country of residence

Have you lived or worked in some other country than Finland?

No       Yes. Complete Appendix U. See section 8 (Enclosures).

Language in which you wish to receive the decision:

Finnish       Swedish

Legal representative

- I have no legal representative.
- I have a legal representative. See section 8 (Enclosures).
- Application for a legal representative is pending.
- I have issued a power of attorney concerning legal representation, and the power of attorney has been confirmed. See section 8 (Enclosures).

### 2. Bank account details

International bank account number (IBAN)

BIC code

### 3. Earnings-related pension

**i** The granting of an old-age pension presupposes that the employee no longer works in the employment relationship from which he or she retires.

Self-employed persons can continue their self-employment, but the compulsory earnings-related pension insurance policy for self-employed persons ends when the old-age pension starts.

#### Private-sector employment or self-employment

Date of termination of the employment \_\_\_\_\_

I wish to apply for old-age pension from \_\_\_\_\_ .

#### Public-sector employment (local government, parish, state or other public-sector employer)

End date of the employment \_\_\_\_\_

I wish to apply for old-age pension from \_\_\_\_\_ .

### 4. National pension

**i** You can receive a national pension if your earnings-related pension is small.

I wish to apply for old-age pension (age 65 years or over) from \_\_\_\_\_ .

I wish to apply for early old-age pension from \_\_\_\_\_ .

I wish to apply for old-age pension on account of additional days of unemployment allowance (age 62 years or over) from \_\_\_\_\_ See section 8 (Enclosures).

### 5. Pension from another EU or EEA country, Switzerland, the United Kingdom or a country that has a social security agreement with Finland

I wish to apply for old-age pension. From which countries and starting from which date?

**i** If you apply for a pension from a country that has concluded a social security agreement with Finland, the Finnish Centre for Pensions will send you a separate application form for the agreement country. To speed up the processing of your case, you can also print the application form ([www.tyoelake.fi](http://www.tyoelake.fi)) and send the form to the Finnish Centre for Pensions.

### 6. Spouse

**i** Please complete this section if you have completed section 4 or 5.

Spouse means person married to, cohabiting with or living in a registered partnership with the applicant.

Personal identity code of your spouse    Family name and given names of your spouse

Do you live with your spouse?

Yes     No. I am separated from my spouse since \_\_\_\_\_ .

Reason for separation

End of a couple relationship     Other reason. Please specify:



## 7. Compensations, benefits, pensions and employment

Have you received any other benefit during the previous two years (e.g. rehabilitation allowance, sickness allowance, unemployment allowance)? Please complete this section if you have completed section 3.

No

Yes. Please specify the pension/compensation, the company you are receiving it from and the start date of payment.

Do you receive or have you applied for some other compensation or pension from Finland (e.g. statutory compensation for occupational disease, accident, patient injury, traffic accident or rail accident)?

No

I receive a compensation or pension. Please specify the pension/compensation, the company you are receiving it from and the start date of payment.

Application pending. Please specify the pension/compensation and the company to which you have submitted your application.

Do you receive or have you applied for a voluntary supplementary pension financed by the employer?

No

I receive such a pension. Please specify the pension, the company you are receiving it from and the start date of payment.

Application pending. Please specify the pension and the company to which you have submitted your application.

Do you receive or have you applied for a compensation or some other pension than the pension mentioned under section 5 from outside Finland?

No

I receive a compensation or pension. Please specify the pension/compensation and the start date of payment. Also specify the country and the institution. Enclose a certificate or decision. See section 8 (Enclosures).

Application pending. Please specify the pension/compensation, the country and the institution to which you have submitted your application.

Will you continue your employment or self-employment while receiving the pension? Do you have a terminated employment relationship or period of self-employment for which you have not yet applied for an earnings-related pension? Please complete this section if you have completed section 4.

Yes

No

State the name, address and phone number of your latest employer. Please complete this section if you have completed section 3.

If you have been a farmer, please specify the status of the self-employment. Please complete this section if you have completed section 3.

Business is still owned by myself or my spouse.

Business has been sold \_\_\_\_\_

Business has been leased out \_\_\_\_\_

## 8. Enclosures

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Check that your name and personal identity code are stated on the enclosures.

### Section 1. Applicant

- Appendix U (Residence and employment abroad, ETK/Kela 7110e)
- Copy of the decision on legal representation.
- Copy of the power of attorney concerning legal representation and copy of the confirmation of the power of attorney.

### Section 4. National pension

- Certificate on additional days of unemployment allowance for the old-age pension (form ETK 2110e).  
Request the certificate from the unemployment fund or from Kela. The certificate cannot be issued until you have received unemployment allowance on the basis of entitlement to additional days of unemployment allowance during the month preceding the start of the pension. You can send the certificate afterwards.

### Section 7. Compensations, benefits, pensions and employment

- Copy of the decision or notice of payment or a certificate from the payer, stating the current gross amount per month of your pension or compensation from abroad. No certificates are needed regarding your Finnish pensions and compensations.

### Other enclosure

- Please specify. You can provide additional information for the application also in other enclosures. Please write the number of the section you are referring to.
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## 9. Signature

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**I have read the instructions for pension applicants (ETK/Kela 7007oe).**

**I declare that the information I have given is true and accurate. I will notify any changes.**

If this form is not signed by the applicant, please explain why it was signed by someone else and state the signatory's phone number.

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Place and date

Signature and printed name

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