



OLD AGE PENSION



PURPOSE

- The purpose of this fund is to assist elderly who are in retirement.
- A payment of \$250 will be paid out on the 1st and the 16th of each month for ages 60—69.
- A payment of \$350 will be paid out on the 1st and the 16th of each month for ages 70+.
- Cook Islands Old Age Pension is a taxable income.



APPLY

- Collect application from Main Office in Tupapa OR phone to have form emailed to you. To download application visit our website www.intaff.gov.ck
- 2. Applicant must have resided in the Cook Islands 12 months prior to the date of application.
- 3. Cook Island Applicant's must have resided in the Cook Islands for at least 10 years after turning the age of 18 years.
- 4. Non -Cook Island Applicant's must have resided in the Cook Islands for at least 20 years after turning the age of 18 years.
- Applicant must fill out the Declaration Form for RMD and Annual Income if any—Failure to provide RMD Number will result in an automatic 30 % tax deduction on Pension.
- 6. Fill in and sign form; attach required documents.
- 7. Take form to the Registrar of the High Court to sign.
- 8. Submit complete application to Main Office or email it to: welfare@intaff.gov.ck

For any enquiries please call +682 29370 or send through your query via email above.



FOR WHOM

- Ages 60 years and over.
- Residing in the Cook Islands.
- Cook Islander and Non-Cook Islander.



YOU NEED

- Valid Passport or Birth Certificate
- Permanent Resident Certificate/Passport PR stamp, for non-Cook Islander only
- BCI Letter —Confirming Bank Account Details
- RMD Number for Tax Declaration Form

For Cook Islanders: (Provide one of the following)

- At least 2 old passports.
- Letter from a high status Individual. e.g. Justice of the Peace, Church Minister, Minister of the Crown, Member of Parliament, current or former employ ers who can confirm you have been living in the Cook Islands for the amount of time set above.
- Travel History from Immigration covering 10 years residence in the Cook Islands.

For Non —Cook Islanders: (Provide one of the following)

- Letter from a high status Individual. e.g. Justice of the Peace, Church Minister, Minister of the Crown, Member of Parliament, current or former employ ers who can confirm you have been living in the Cook Islands for the amount of time set above.
- Travel History from Immigration covering 20 year residence in the Cook Islands.

NOTE: Persons collecting any foreign pension of the same nature as the Cook Islands Pension may not qualify for this support.





CHECKLIST FOR AN OLD AGE PENSION APPLICATION

Eligibility: (For a Cook Islander)
 60 Years of Age or Over Lived in the Cook Islands for 10 years after the age of 18 Resided in the Cook Islands 12 months prior to this application
Supporting Documents:
 □ Valid ID – Passport or Birth Certificate or Driver's License □ Letter from RMD confirming your RMD number Please note – Failure to provide RMD number will result in an automatic tax reduction of 30% on pension □ Letter from BCI – Confirming Bank Account Details – The account must be under the beneficiaries name
(Provide only <u>ONE</u> of the following Documents)
 □ At least 2 old passports □ Letter from former or current employer □ Travel History from Immigration □ Letter from a High Status Individual. E.g. Justice of the Peace, Minister of a Church, Member of Parliament and Community Leaders that can confirm you have been living here for the amount of time set above
On the Application Form Page 2:
\Box Take the form to the Registrar of the High Court to fill in that section, sign and return back to us

AKAPAPA'ANGA NO TE PATI'ANGA MONI PAKARI

Tika'anga:(No te	tangata Kūki 'Airani)
	E 60 mataiti me kore kua tere ki runga
	Kua noo ki te Kūki 'Airani e 10 mataiti i muri ake i te 18 mataiti
	Kua noo ki te Kūki 'Airani e 12 marama i mua ake i teia pati'anga
<u>Au Pēpa Turu:</u>	
	Tūtū nō te Tangata Tuku Pati'anga - Puka Tūranga Tika'anga/Raitini Aka'oro kāre i pou te tuatau
	Pēpa Akatinamou'anga no te numero RMD
	Pati'anga kia tamōu - Me kare koe e oronga mai i tetai numero RMD ka kiriti'ia te moni tero e 30% patene ki runga i te Moni Pakari
	Reta nō ko i te Pangika o te Kūki 'Airani - Nō te akapāpu'anga i te Numero Pangika Moni; Ka anoano'ia te ingoa i runga i te Puka Moni e no te tangata ka koi i te Moni Pakari. Tei runga ua i te Akatere o te Puna 'Akamāruarua Ora'anga i te akatika i tetai uātu puka moni ka iki'ia.
(Oronga mai e ta'i ua koe I roto ite Kuki Air	o teia au pēpa note tauturu ite akapapu'anga I toou 10 mataiti i noo ana rani)
	E 2 puka tūranga tika'anga takere
	Akapapa'anga no toou au teretere'anga nō ko mai i Te Kauono Tutara ē te Mana Tiaki
	Reta no ko mai i tetai tangata ngāteitei. Te akara'anga mei te Tama Akatereau o te Akava'anga, Orometua o te Akono'anga Pure, Mema Pāramani, e te arataki i roto i te oire no te akapāpu e kua noo ana koe ki konei i te tuātau i akataka'ia i runga nei
I runga i te Pēpa Pati	'anga i te Kapi 2
	Apai i te pēpa ki te Rētita o te Akava'anga kia akakī mai i te reira tu'anga, tāina ma te akaoki mai kia matou

CHECKLIST FOR AN OLD AGE PENSION APPLICATION

Eligibility: (For a Non-Cook Islander)
 60 Years of Age or Over Lived in the Cook Islands for 20 years after the age of 18 Resided in the Cook Islands 12 months prior to this application
Supporting Documents:
 □ Valid ID – Passport □ Letter from RMD confirming your RMD number Please note – Failure to provide RMD number will result in an automatic tax reduction of 30% on pension □ Letter from BCI – Confirming Bank Account Details □ Letter from former or current employer □ Permanent Resident Certificate
(Provide only <u>ONE</u> of the following Documents)
 At least 5 old passports Travel History from Immigration Letter from a High Status Individual. E.g. Justice of the Peace, Minister of a Church, Member of Parliament and Community Leaders that can confirm you have been living here for the amount of time set above
On the Application Form Page 2:
☐ Take the form to the Registrar of the High Court to fill in that section, sign and return back to us

AKAPAPA'ANGA NO TE PATI'ANGA MONI PAKARI

Tika'anga:(No te	tangata Kāre i te Kūki 'Airani)
	E 60 mataiti me kore kua tere ki runga Kua noo ki te Kūki 'Airani e 20 mataiti i muri ake i te 18 mataiti Kua noo ki te Kūki 'Airani e 12 marama i mua ake i teia pati'anga
<u>Au Pēpa Turu:</u>	
	Tūtū nō te Tangata Tuku Pati'anga - Puka Tūranga Tika'anga/Raitini Aka'oro kāre i pou te tuatau
	Pēpa Akatinamou'anga no te numero RMD e te moni koi i te au mataiti me e mea tetai. Pati'anga kia tamōu - Me kare koe e oronga mai i tetai numero RMD ka
	kiriti'ia te moni tero e 30% ki runga i te Moni Pakari Reta nō ko i te Pangika o te Kūki 'Airani - Nō te akapāpu'anga i te Numero Pangika Moni; Ka anoano'ia te ingoa i runga i te Puka Moni e no te tangata ka koi i te Moni Pakari. Tei runga ua i te Akatere o te Puna 'Akamāruarua Ora'anga i te akatika i tetai uātu puka moni ka iki'ia. Pēpa Tika'anga Noo Tinamou ki te Kūki 'Airani
(Oronga mai e ta'i u koe I roto ite Kuki Air	a o teia au pēpa note tauturu ite akapapu'anga I toou 20 mataiti i noo ana rani)
	E 5 puka tūranga tika'anga takere Akapapa'anga no toou au teretere'anga no ko mai i Te Kauono Tutara ē te Mana Tiaki Reta no ko mai i tetai tangata ngateitei. Te akara'anga mei te Tama Akatereau o te Akava'anga, Orometua o te Akono'anga Pure, Mema Pāramani, e te arataki i roto i te oire no te akapāpu e kua noo ana koe ki konei i te tuātau i akataka'ia i runga nei
I runga i te Pēpa Pati	i'anga i te Kapi 2
	Apai i te pēpa ki te Rētita o te Akava'anga kia akakī mai i te reira tu'anga, tāina ma te akaoki mai kia matou

P O Box 98, Rarotonga, Cook Islands * Tel: (682) 29-370 * Fax: (682) 23-608 * E-mail: welfare@intaff.gov.ck

SOCIAL WELFARE BENEFIT/ ASSISTANCE APPLICATION FORM

	not applicable write N/A.	New application \square Reapplying					
PLEASE INDICATE THE TYPE OF BENEFIT/ ASSISTANCE YOU ARE APPLYING FOR:							
☐ OLD AGE PENSION	☐ CHILD BENEFIT	☐ NEW BORN ALLOWANCE					
☐ INFIRM RELIEF	☐ DESTITUTE RELIEF						
CLIDDODTING DOCUMENTS							
SUPPORTING DOCUMENTS I have provided all the required support	orting documents						
☐ Birth Certificate/ Birth Notification	☐ Passport	☐ BCI Bank Card/ Passbooks					
REF:							
RMD No#: Tax Rate	EXP:	A/C No:					
BENEFICIARYS' DETAILS							
FIDCT NAME							
SURNAME:							
Date Of Birth:/	GENDER: ☐ M.	ALE					
CONTACT DETAILS							
ISLAND:	VILLAGE:						
Phone:	Mobile:	Email					
Postal Address:							
Postal Address:							
RESIDENCY	☐ Cook Islander born overseas						
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands	☐ Cook Islander born overseas	_					
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands Other (please give details):	☐ Cook Islander born overseas	☐ Cook Islands permanent resident					
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands	☐ Cook Islander born overseas	☐ Cook Islands permanent resident					
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands Other (please give details):	☐ Cook Islander born overseas in the Cook Islands:/	☐ Cook Islands permanent resident					
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands Other (please give details): When did you (the beneficiary) arrive	☐ Cook Islander born overseas in the Cook Islands:/	☐ Cook Islands permanent resident					
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands Other (please give details): When did you (the beneficiary) arrive	☐ Cook Islander born overseas in the Cook Islands:/ pleted the application form)	Cook Islands permanent resident Date://					
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands Other (please give details): When did you (the beneficiary) arrive YOUR DETAILS (person whom complete the cook Islands YOUR DETAILS (person whom complete the cook Islands)	☐ Cook Islander born overseas in the Cook Islands:/_ pleted the application form) SURNAME:	Cook Islands permanent resident Date://					
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands Other (please give details): When did you (the beneficiary) arrive YOUR DETAILS (person whom completes the complete state of the complete stat	Cook Islander born overseas in the Cook Islands:/_ pleted the application form) SURNAME: Your contact	Cook Islands permanent resident Date://					
RESIDENCY I (the beneficiary) am a: Cook Islander born in the Cook Islands Other (please give details): When did you (the beneficiary) arrive YOUR DETAILS (person whom complete structure) FIRST NAME: Your relationship to the beneficiary: The information I have provided is true are	Cook Islander born overseas in the Cook Islands:/ pleted the application form) SURNAME: Your contact	Cook Islands permanent resident Date://					

OFFICE USE ONLY		
Statement by Officer: I have explained the cobligations means and the reason for them. true and complete information and to advise	The client has indicated that he/ she und	erstands and accepts responsibility to provide
Name (print)	Signature	date
Additional Information:		
_		
_		
(Outer Islands/ Rarotonga)	(Rarotonga ON	LY)
Application received by:	Application reco	eived by:
Dates Application received:	Dates	
Cupporting documents :	Pay period:	
Supplementary documents:	Payment amo	
O /Inland Application No	Other payment amount am	
the Locci A II is Al	^	
Tiedd Office Application No.	Main Vchr from	
FOR DIRECTOR/ COMMITEE Decision:		
-		
FOR THE REGISTRAR OF BIRTHS or H	IGH COURT (Old Age Applications ONL)	<i>(</i>)
l,	, Deputy Registrar/ Registrar of Births	s (or the High Court) at Rarotonga,
pursuant to Section 42 of the Welfare Acand has reached the age of 60 years.	t 1989, hereby verify & certify that ap	olicant was born on:
REFERENCE DETAILS:		
Signature:	Date:	

EMPLOYMENT STATUS OF MOTHER (For maternity leave considerations)

Are you currently in full time employment YES / NO

PRIVATE / GOVERNMENT / OTHER

CLIENTS OBLIGATIONS

OFFICE COPY

Please read this statement carefully and sign.

I must tell Social Welfare immediately if:

- I intend to TRAVEL OVERSEAS, whether for holiday or permanently
- My personal details change (such as name, address or bank account)
- I am granted an overseas benefit payment
- My living arrangement and circumstances changes.

I understand that:

- if I have made a false statement or
- if I have failed to answer all the guestions in full or
- If I do not tell Social Welfare about changes that it might affect my entitlement or rate.

Then:

- The benefit/ assistance may be reviewed and cancelled and
- I may have to pay back the total amount of any overpayment that I have received and
- I may be prosecuted and fined

My obligations have been explained to me and I understand my responsibilities

Name:	_ Signature:	_ Date:
Witnessed by:		

CLIENTS OBLIGATIONS

CLIENTS COPY

Please read this statement carefully and sign.

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- I intend to TRAVEL OVERSEAS, whether for holiday or permanently
- My personal details change (such as name, address or bank account)
- I am granted an overseas benefit payment
- My living arrangement and circumstances changes.

I understand that:

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- if I have failed to answer all the questions in full or
- If I do not tell Social Welfare about changes that it might affect my entitlement or rate.

Then:

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- I may have to pay back the total amount of any overpayment that I have received and
- I may be prosecuted and fined

My obligations have been explained to me and I understand my responsibilities

Name:	_ Signature:	Date:
Witnessed by:		

COOK ISLANDS PENSION REGISTRATION FORM



MINISTRY OF INTERNAL AFFAIRS

WELFARE DIVISION

PO Box 98, Avarua, Rarotonga <u>welfare@cookislands.gov.ck</u> Effective from: 01/01/2021

IE VOLI DO NOT HAVE AN DMD NUMBED.											
IF YOU DO NOT HAVE AN RMD NUMBER: Please answer all the questions, make sure you sign the declaration, and				inc	lude a		Office U	se Only	\neg		
photocopy of your birth certificate	-	-				7000 U	L RMD r	number iss	ued / confir	l rmed	
	_	, ,					1		aca / com	mod	
1. What is your name ? Title	Mr	Mrs	Ms	Ot	her						
_		1					$\overline{}$		$\overline{}$	\neg	
Surname											
First name(s)										\neg	
- I ii st Hame(s)		<u> </u>									
2. If you have ever used another											
or maiden name show it here											
			!	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		! ! !		! !	-! - <u>!</u>	<u> </u>	
3. Mailing address - Print											
your usual mailing address											
A Forest address of a citable										\exists	
4. Email address - if available											
5. Your Accountant's Name									T	\neg	
and Address (only if you										\dashv	
have an accountant)							+				
nave an accountancy		<u> </u>									
6. Telephone number Work	6 8	2				PI	ease pro	ovide a d	opy of y	our:	
Hama							Pass	oort			
Home	6 8	2									
7. What is your date of birth?				/ [OR District						
·			/				Birth Certificate				
			111011111		ı						
FOR EVERYONE TO FILI	L IN:										
8. RMD number (if obtained)				OR		I nee	d an RM	1D numb	er		
9. Estimated annual income (not income)	cluding ne	nsion	navments	or Cook	Island	ds suneranr	uation s	schemes)		
		1131011	payment			-)		
If you are <u>aged 60 - 69</u>				ı		u are <u>aged ī</u> I					
between \$0 and \$	3550				between \$0 and \$6,150						
between \$8,551 and \$23,950						between \$6,151 and \$21,550					
between \$23,951	and \$73.9	50			between \$21,551 and \$71,550						
<u> </u>	απα φ <i>τ</i> σ,σ	00				i		λιια ψ <i>τ</i> τ,	300		
\$73,951 or above						\$71,551 or	above				
OR											
	\$					per year					
10. Declaration											
I declare that the information given on this form is true and correct, and I authorise Revenue Management Division, of the Ministry of Finance and Economic Management, to share my RMD number and tax code with the Ministry of Internal Affairs.											
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Signat	uro						יח	ato.			