

# Disability Pension Benefit request form

Retiree			
Registration number:		Policy number:	
Surname:			
Maiden name:			
First name:		Middle name(s):	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address			
Street name & nr:		City/District:	
Postal code:		Country:	
Telephone:			
e-mail:			
ID number:			
Date of birth:	..... / ..... / .....	Place of birth:	
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Current spouse (only if married)			
Surname:			
Maiden name:			
First name:		Middle name(s):	
Address			
Street name & nr:		City/District:	
Postal code:		Country:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
ID number:			
Date of birth:	..... / ..... / .....	Place of birth:	
Marriage date:	..... / ..... / .....		
Dependents <sup>1</sup>			
1.	Surname:		
	First name:		Middle name(s):
	Date of birth:	..... / ..... / .....	Place of birth:
2.	Surname:		
	First name:		Middle name(s):
	Date of birth:	..... / ..... / .....	Place of birth:
3.	Surname:		
	First name:		Middle name(s):
	Date of birth:	..... / ..... / .....	Place of birth:
4.	Surname:		
	First name:		Middle name(s):
	Date of birth:	..... / ..... / .....	Place of birth:

<sup>1</sup> Dependents are classified as children who are

- younger than the age of 21 years and financially dependent on you;
- between the ages of 21 and 25, attending school and financially dependent on you;
- between the ages of 21 and 25, financially dependent on you, physically or mentally disabled and earning less than 1/3 of the income of able-bodied someone in the same age bracket.

# Disability Pension Benefit request form

Ex-spouse(s) (only if divorced or re-married)			
1.	Surname:		Maiden name:
	First name:		Middle name(s):
	Date of birth:	..... / ..... / .....	Place of birth:
	<b>Address</b>		
	Street name & nr:		City/District:
	Postal code:		Country:
	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	ID number:		
	Date of divorce:	..... / ..... / ..... → provide copy of divorce decree	
2.	Surname:		Maiden name:
	First name:		Middle name(s):
	Date of birth:	..... / ..... / .....	Place of birth:
	<b>Address</b>		
	Street name & nr:		City/District:
	Postal code:		Country:
	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	ID number:		
	Date of divorce:	..... / ..... / ..... → provide copy of divorce decree	
Employment details			
Employer:			
Date in service:			
Other income	<input type="checkbox"/> Yes*		<input type="checkbox"/> No
Bank details (if applicable)			
Bank name:			
Bank address			
Street name & nr:		City/District:	
Postal code:		Country:	
Bank account number:			
BIC /IBAN number:			
Account type:	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
Beneficiary name:			

**Note: This must be an active bank account.**

# Disability Pension Benefit request form

- I hereby attest that all documents and information that I have provided regarding my eligibility to pension benefits from Algemeen Pensioenfonds Sint Maarten (APS) are true and correct.

Submission date:        ..... / ..... / .....

Signature: \_\_\_\_\_

Name (in print) \_\_\_\_\_

Please ensure that the following documents are included with the submission of your request.

- Copy of valid picture ID:
- Passport:                    # \_\_\_\_\_
  - ID card:                      # \_\_\_\_\_
  - Driver's license:            # \_\_\_\_\_
- Letter of employment indicating salaries over the previous two years and the first day of employment
- \*) Proof of additional income from business or other employment that is subjected to wage tax