

Amendment /Correction form

(Active /Deferred benefits participant)

Submitter	
Registration number:	Policy number:
Surname:	
Maiden name:	
First name:	
Date of birth / /

Please only complete the section of the form that is relevant to the change(s) you wish to inform APS of.

Marital status	Details of change	
<input type="checkbox"/> I am (re-)married	Marriage date / /
	Name spouse	
	Date of birth spouse / /
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I am divorced	Divorce date / /
	Name ex-spouse	
	Date of birth spouse / /
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I am a widow(er)	RIP date / /
	Name spouse	
	Date of birth spouse / /
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

Family status	Details of change	
<input type="checkbox"/> I have children through <input type="checkbox"/> Birthright <input type="checkbox"/> Court appointed guardianship <input type="checkbox"/> Adoption	Date of birth child 1 / /
	Name child 1	
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of birth child 2 / /
	Name child 2	
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of birth child 3 / /
	Name child 3	
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

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Contact details	Details of change	
<input type="checkbox"/> I have moved to a new address	Relocation date / /
	Street name & nr	
	Postal code	
	City/District	
	Country	
<input type="checkbox"/> I would like to receive my mail from APS at another address	Date / /
	PO Box nr /	
	Street name & nr	
	Postal code	
	City/District	
	Country	
<input type="checkbox"/> I have a new telephone number	Date / /
	Telephone	
<input type="checkbox"/> I have a new email address	Date / /
	e-mail	
<input type="checkbox"/> I wish to receive correspondence from APS via the above mentioned email address.		

Employment	Details of change	
<input type="checkbox"/> I have changed the number of hours I work	Date / /
	Employer	
	Department	
	Number of hours before	<input type="checkbox"/> Full time (40 hours per week) <input type="checkbox"/> Part time, hours per week
	Number of hours currently	<input type="checkbox"/> Full time (40 hours per week) <input type="checkbox"/> Part time, hours per wee
<input type="checkbox"/> I have changed employers	Date / /
	Previous employer	
	Previous department	
	New employer	
	New department	
<input type="checkbox"/> I have taken a leave of absence	Start date / /
	End date	
	Retention of salary	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I have stopped working for an employer associated with the fund	Date / /
	Previous employer	
	Previous department	

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<input type="checkbox"/> I have a new salary	Date / /	
	Employer		
	Department		
	Previous base salary (gross)	ANG	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	Current base salary (gross)	ANG	

I hereby attest that all information that I have provided on this form is true and correct and understand that it will be used in determining my eligibility to pension benefits from Algemeen Pensioenfonds Sint Maarten (APS).

I also understand that I am obliged to inform APS of any relevant changes in my personal situation, such as divorce, etc.

Submission date: / /

Signature: _____

Name (in print) _____

Please ensure that documents substantiating the amendment /correction are submitted with this form.

- Marriage certificate
- Divorce decree
- Death certificate (spouse or dependent)
- Birth certificate child
- Court appointment of guardianship
- Certificate of adoption
- Relevant decree / substantiating documents for discharge, change of salary, number of hours working etc.
- Other,