

Participants Registration form

Personal information						
Surname:						
Maiden name:						
First name:				Middle name(s):		
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female			
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	
Address						
Street name & nr:				City/District:		
Postal code:				Country:		
Telephone:						
e-mail:						
Employment information						
Name employer:						
Position:						
Date of employment: / /					
Appointment:	<input type="checkbox"/> Fulltime		<input type="checkbox"/> Part time, %			
Medical completed?	<input type="checkbox"/> Yes		Date: / / <input type="checkbox"/> No		
Previous employment history						
Have you worked for other employers associated with APS?		<input type="checkbox"/> Yes → complete "APS Employment History" form <input type="checkbox"/> No				
Do you have a registration number from APNA?		<input type="checkbox"/> Yes → <input type="checkbox"/> No				
Current spouse (if married)						
Surname:						
Maiden name:						
First name:				Middle name(s):		
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female			
ID number:						
Date of birth:	..... / ..... / .....		Place of birth:		
Marriage date:	..... / ..... / .....		Place of marriage:		
Address						
Street name & nr:				City/District:		
Postal code:				Country:		

Participants Registration form

Dependents ¹			
1.	Surname:		
	First name:	Middle name(s):	
	Date of birth:	Place of birth:	
	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2.	Surname:		
	First name:	Middle name(s):	
	Date of birth:	Place of birth:	
	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
3.	Surname:		
	First name:	Middle name(s):	
	Date of birth:	Place of birth:	
	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
4.	Surname:		
	First name:	Middle name(s):	
	Date of birth:	Place of birth:	
	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Ex-spouse(s) (only if divorced or re-married)				
1.	Surname:	Maiden name:		
	First name:	Middle name(s):		
	Date of birth:	..... / ..... / .....	Place of birth:	
	Address			
	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:	
Address				
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	

- 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 the accrual of my future 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, change of address etc.**

(Footnotes)

¹ 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.

Participants Registration form

Signature:

Participant's name (in print):

Employer stamp:

Submission date: / /

Signature:

Name (in print)

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

- Copy of valid picture ID (passport, ID card, driver's license)
- Copy of "benoemingsbesluit" or contract
- Copy of medical evaluation letter (if available)
- Copy of divorce decree(s) (if applicable)

Participants Registration form

Date of submission:	...../...../.....	Name APS employee (for receipt):	_____
Date medical evaluation:	...../...../.....	Policy number:	_____
Date registration in fund:	...../...../.....	APS Registration num- ber:	_____