

# 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:              |                                                   |
| 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<br><input type="checkbox"/> No                                |                    |                                                   |
| Do you have a registration number from APNA?             | <input type="checkbox"/> Yes → .....<br><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:              |                                                   |
| Postal code:                                             |                                                                                                                                     | Country:           |                                                   |

# Participants Registration form

| Dependents <sup>1</sup>                       |                   |                                                               |                 |
|-----------------------------------------------|-------------------|---------------------------------------------------------------|-----------------|
| 1.                                            | Surname:          |                                                               |                 |
|                                               | First name:       |                                                               | Middle name(s): |
|                                               | Date of birth:    |                                                               | Place of birth: |
|                                               | Sex:              | Male <input type="checkbox"/> Female                          |                 |
| 2.                                            | Surname:          |                                                               |                 |
|                                               | First name:       |                                                               | Middle name(s): |
|                                               | Date of birth:    |                                                               | Place of birth: |
|                                               | Sex:              | Male <input type="checkbox"/> Female                          |                 |
| 3.                                            | Surname:          |                                                               |                 |
|                                               | First name:       |                                                               | Middle name(s): |
|                                               | Date of birth:    |                                                               | Place of birth: |
|                                               | Sex:              | Male <input type="checkbox"/> Female                          |                 |
| 4.                                            | Surname:          |                                                               |                 |
|                                               | First name:       |                                                               | Middle name(s): |
|                                               | Date of birth:    |                                                               | Place of birth: |
|                                               | Sex:              | 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: |
|                                               | <b>Address</b>    |                                                               |                 |
|                                               | Street name & nr: |                                                               | City:           |
|                                               | Postal code:      |                                                               | Country:        |
|                                               | Sex:              | <input type="checkbox"/> Male <input type="checkbox"/> Female |                 |
|                                               | ID number:        |                                                               |                 |
|                                               | Date of divorce:  | ..... / ..... / ..... → provide copy of divorce decree        |                 |
|                                               | 2.                | Surname:                                                      |                 |
| First name:                                   |                   |                                                               | Middle name(s): |
| Date of birth:                                |                   | ..... / ..... / .....                                         | Place of birth: |
| <b>Address</b>                                |                   |                                                               |                 |
| Street name & nr:                             |                   |                                                               | City:           |
| 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.**

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

- younger than the age of 18 years and financially dependent on you;
- between the ages of 18 and 25, attending school and financially dependent on you;
- between the ages of 18 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)

For internal use (APS)

Date of submission: ..... / ... / .....

Name APS employee  
(for receipt):

---

Date medical evaluation: ..... / ... / .....

Date registration in fund: ..... / ... / .....

APS Registration  
number:

---