

RETIREE

Registration number: Policy number:

Surname: Maiden name: First name: Middle name(s):

Address: Date of birth: (dd/mmm/yyyy) Sex: Male Female

Street name & nr: City/District: Postal code: Country:

Telephone: e-mail: ID number:

Marital status: Single Married Divorced Widowed

CURRENT SPOUSE (ONLY IF MARRIED)

Surname: Maiden name: First name: Middle name(s):

Address: Sex: Male Female

Street name & nr: City/District: Postal code: Country:

Telephone: e-mail: ID number:

Date of birth: (dd/mmm/yyyy) Place of birth: Marriage date: (dd/mmm/yyyy)

DEPENDENTS¹

1 Surname: First name: Middle name(s): Date of birth: (dd/mmm/yyyy)

Place of birth:

2 Surname: First name: Middle name(s): Date of birth: (dd/mmm/yyyy)

Place of birth:

3 Surname: First name: Middle name(s): Date of birth: (dd/mmm/yyyy)

Place of birth:

4 Surname: First name: Middle name(s): Date of birth: (dd/mmm/yyyy)

Place of birth:

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.

EX-SPOUSE(S) (ONLY IF DIVORCED OR RE-MARRIED)

1 Surname:	First name:	Middle name(s):	Date of birth: (dd/mmm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth: (dd/mmm/yyyy)	Place of birth:	Sex:	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	

ADDRESS

Street name & nr:	City/District:	Postal code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID number:	Date of divorce: (dd/mmm/yyyy)	Provide copy of divorce decree	
<input type="text"/>	<input type="text"/>		

2 Surname:	First name:	Middle name(s):	Date of birth: (dd/mmm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth: (dd/mmm/yyyy)	Place of birth:	Sex:	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	

ADDRESS

Street name & nr:	City/District:	Postal code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID number:	Date of divorce: (dd/mmm/yyyy)	Provide copy of divorce decree	
<input type="text"/>	<input type="text"/>		

EMPLOYMENT DETAILS

Employer:	Date in service: (dd/mmm/yyyy)	Other income:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

BANK DETAILS

Bank name:	Bank address:		
<input type="text"/>	<input type="text"/>		
Street name & nr:	City/District:	Postal code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank account nr:	Currency	<input type="checkbox"/> EURO <input type="checkbox"/> Other:	
<input type="text"/>	<input type="checkbox"/> NAF <input type="checkbox"/> USD		
BIC /IBAN nr:	Account type:	Beneficiary name:	
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="text"/>	

Note: This must be an active bank account.

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: (dd/mmm/yyyy)	Signature:	Name (in print):
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure that the documents substantiating your pension request are submitted with this form.

- Copy of valid picture ID (requester):
 - 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