

**SUBMITTER**

Registration number:

Policy number:

Surname:

Maiden name:

First name:

Date of birth: (dd/mmm/yyyy)

**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**

I am (re-)married

Marriage date: (dd/mmm/yyyy)

Name spouse:

Date of birth spouse: (dd/mmm/yyyy)

Sex:

Male  Female

I am divorced

Divorce date: (dd/mmm/yyyy)

Name ex-spouse:

Date of birth spouse: (dd/mmm/yyyy)

Sex:

Male  Female

I am a widow(er)

RIP date: (dd/mmm/yyyy)

Name spouse:

Date of birth spouse: (dd/mmm/yyyy)

Sex:

Male  Female

**FAMILY STATUS - DETAILS OF CHANGE**

I have children through

Birthright

Court appointed guardianship

Adoption

Date of birth child 1: (dd/mmm/yyyy)

Name child 1:

Sex:

Male  Female

Date of birth child 2: (dd/mmm/yyyy)

Name child 2:

Sex:

Male  Female

Date of birth child 3: (dd/mmm/yyyy)

Name child 3:

Sex:

Male  Female

Note: If you would like to add more than 3 children at a time, please fill in the info on another form.

**CONTACT DETAILS - DETAILS OF CHANGE**

I have moved to a new address

Relocation date: (dd/mmm/yyyy)

Street name & nr:

Postal code:

City/District:

Country:

I would like to receive my mail from APS at another address

Date: (dd/mmm/yyyy)

PO Box nr/Street name & nr:

Postal code:

City/District:

Country:

I have a new telephone number

Date: (dd/mmm/yyyy)

Telephone:

I have a new email address

Date: (dd/mmm/yyyy)

e-mail:

I wish to receive correspondence from APS via the above mentioned email address.

**PAYMENT - DETAILS OF CHANGE**

I have changed the number of hours I work

Date: (dd/mmm/yyyy)

Employer:

Department:

Number of hours before

Full-time (40 hours per week)

Part time,      hours per week

Number of hours currently

Full-time (40 hours per week)

Part time,      hours per week

I have changed employers

Date: (dd/mmm/yyyy)

Previous employer:

Previous department

New employer

New department

I have taken a leave of absence

Start date:(dd/mmm/yyyy)

End date: (dd/mmm/yyyy)

Retention of salary:

Yes     No

I have stopped working for an employer associated with the fund

Date: (dd/mmm/yyyy)

Previous employer:

Previous department:

I have a new salary

Date: (dd/mmm/yyyy)

Employer

Department:

Previous base salary (gross)

Monthly       Annually

Current base salary (gross)

***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: (dd/mmm/yyyy)

Signature:

Name (in print):

**Please ensure that the following documents are included with the submission of your application 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,