

### SUBMITTER

Surname:	Maiden name:	First name:	Middle name(s):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			Sex:
<input type="text"/>			<input type="checkbox"/> Male <input type="checkbox"/> Female
Street name & nr:	City/District:	Postal code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone:	e-mail:	ID number:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth: (dd/mmm/yyyy)	Place of birth:		
<input type="text"/>	<input type="text"/>		
Type pension requested:	<input type="checkbox"/> Widow(er)'s pension <input type="checkbox"/> Orphan's pension		

### DETAILS ON PERSON FROM WHOM RIGHTS ARE DERIVED

Participant     Pensioner

Registration number:	Policy number:		
<input type="text"/>	<input type="text"/>		
Surname:	Maiden name:	First name:	Middle name(s):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Born on:	Deceased as of:		
<input type="text"/>	<input type="text"/>		

### 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="text"/>	<input type="checkbox"/> NAF <input type="checkbox"/> USD <input type="checkbox"/> EURO <input type="checkbox"/> Other:		
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.**

**NOTE: If the orphan is still a minor, this form must be completed and signed by his /her parent or legal guardian. Pension benefits payment will be made to a bank account held in the name of the parent and /or legal guardian. If the orphan does not have his /her own bank account, an authorized beneficiary must be named.**

- I wish to receive my monthly pay slips via the above mentioned email address.
- 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 marriage, change of bank account, no longer attending school etc.

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 (passport, ID card, driver's license)
- Extract from Civil Registry ("Uitgebreid uittreksel Burgerzaken")
- Death certificate of the deceased family member from whom pension benefits rights are derived
- Salary specification letter from deceased participant's last employer stating the salary amounts earned over the last three years (if applicable)
- Declaration of school attendance for orphans if between the ages of 21 and 25 years
- Copy of bank statement/book (for verification purposes)