

## SUBMITTER

Registration number:

Policy number:

Surname:

Maiden name:

First name:

Middle name(s):

I currently collect a  Senior's pension  Disability pension  Widow(er)'s pension  Orphan's pension

**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

Attending school full-time?

Yes  No

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

Name child 2:

Sex:

Male  Female

Attending school full-time?

Yes  No

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

Name child 3:

Sex:

Male  Female

Attending school full-time?

Yes  No

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

## SCHOOL DETAILS

I am no longer attending school full-time

## 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:

## PAYMENT - DETAILS OF CHANGE

I have a new bank account

Date: (dd/mmm/yyyy)

Bank name:

RBC       WIB       CIBC       Scotia       PSB       Orco       Banco Di Caribe  
 ING       Other:

### BANK ADDRESS

Street name & nr:

Postal code:

City/District:

Country:

Bank account nr:

Account type:

Checking       Savings

Currency:

NAF       USD       EURO       Other:

Beneficiary name:

BIC /IBAN nr (ING only):

My bank information is incorrect

Bank name:

RBC       WIB       CIBC       Scotia       PSB       Orco       Banco Di Caribe  
 ING       Other:

### BANK ADDRESS

Street name & nr:

Postal code:

City/District:

Country:

Bank account nr:

Account type:

Checking       Savings

Currency:

NAF       USD       EURO       Other:

Beneficiary name:

BIC /IBAN nr (ING only):

**Note: This must be an active bank account.**

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 divorce, change of bank account 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/Uitgebreide uittreksel
- Court appointment of guardianship
- Certificate of adoption
- Letter of school attendance (dependent aged 21 – 25 years)
- Statement from medical specialist of physical and /or mental disability (dependent)
- Copy of bank statement/book (for verification purposes)