

### RETIREE

Registration number: <input type="text"/>	Policy number: <input type="text"/>		
Surname: <input type="text"/>	Maiden name: <input type="text"/>	First name: <input type="text"/>	Middle name(s): <input type="text"/>
Address <input type="text"/>		Date of birth: (dd/mmm/yyyy) <input type="text"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street name & nr: <input type="text"/>	City/District: <input type="text"/>	Postal code: <input type="text"/>	Country: <input type="text"/>
Telephone: <input type="text"/>	e-mail: <input type="text"/>		ID number: <input type="text"/>
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

### CURRENT SPOUSE (ONLY IF MARRIED)

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

### DEPENDENTS<sup>1</sup>

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

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

<b>3</b> Surname: <input type="text"/>	First name: <input type="text"/>	Middle name(s): <input type="text"/>	Date of birth: (dd/mmm/yyyy) <input type="text"/>
Place of birth: <input type="text"/>			

<b>4</b> Surname: <input type="text"/>	First name: <input type="text"/>	Middle name(s): <input type="text"/>	Date of birth: (dd/mmm/yyyy) <input type="text"/>
Place of birth: <input type="text"/>			

<sup>1</sup> 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)**

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

**Address**

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

**ID number:**  **Date of divorce: (dd/mmm/yyyy)**  **Provide copy of divorce decree**

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

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

**Address**

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

**ID number:**  **Date of divorce: (dd/mmm/yyyy)**  **Provide copy of divorce decree**

## EMPLOYMENT DETAILS

**Current employer:**  **Retirement / Resignation date: (dd/mmm/yyyy)**

Have you ever been awarded a leave of absence for one or more of the following reasons?

<input type="checkbox"/> Study leave	From:	Until:	<input type="checkbox"/> Suspension	From:	Until:
<input type="checkbox"/> Hold political office	From:	Until:	<input type="checkbox"/> Military service	From:	Until:
<input type="checkbox"/> Other:				From:	Until:

**Provide "besluit" substantiating leave of absence**

Have you ever received "wachtgeld"?  Yes  No **Provide copy of "wachtgeldbesluit"**

## BANK DETAILS

**Bank name:**  **Bank address:**

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

**Bank account nr:**  **Currency**  
 NAF  USD  EURO  Other:

**BIC /IBAN nr:**  **Account type:**  Checking  Savings **Beneficiary name:**

**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:

Signature:

Name (in print):

**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")
- Salary specification letter from your last employer (s) stating the salary amounts earned over the three years prior to your retirement and confirming your employment history
- "Ontslagbesluit" / Termination letter
- Copy of Bank statement/book (for verification purposes)
- Copy of divorce decree(s) (if applicable)
- Copy of "wachtgeldbesluit" (if applicable)
- Copy of decree substantiating any leave of absence that was awarded /"vrijstelling van dienst besluit" (if applicable)