

A. SUBMITTER

Surname:	Maiden name:	First name:	Date of birth: (dd/mmm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Street name & nr:		Sex:
<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone:	e-mail:	ID number:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

B. DETAILS ON PERSON FROM WHOM RIGHTS ARE DERIVED (DECEASED)

Registration number:	Policy number:		
<input type="text"/>	<input type="text"/>		
Surname:	Maiden name:	First name:	Date Deceased: (dd/mmm/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. RELATION TO DECEASED

Spouse
 Financial Dependents
 Financial Dependents under 21 yrs.
 Parents
 Siblings
 Other:

D. BESIDES THE 'SUBMITTER', ARE THERE ANY OTHER KNOWN RELATIONS AS MENTIONED IN SECTION B ABOVE, INVOLVED?

Name	Relation	Date of Birth	Civil Status

E. ARE THERE ANY OUTSTANDING MEDICAL OR BURIAL EXPENSES FOR THE DECEASED?

Yes
 Medical
 Burial
 Please provide details: _____
 No

F. 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	Beneficiary name:	
<input type="text"/>	<input type="checkbox"/> NAF <input type="checkbox"/> USD <input type="checkbox"/> EURO <input type="checkbox"/> Other:	<input type="text"/>	
BIC /IBAN nr:	Account type:		
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

I hereby submit my request for Burial Assistance ('SMARTENGELD') and attest that all documents and information that I have provided regarding my request from Algemeen Pensioenfonds Sint Maarten (APS) are true and correct.

Submission date:	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.

- Death certificate of the deceased family member from whom pension benefits rights are derived
- Copy of valid picture ID (requester):
 - Passport: _____
 - ID card: _____
 - Driver's license: _____
- Copy of Invoices
- Proof of Payments
- Copy of Bank statement/book (for verification purposes)
- Authorization letter (if applicable)