

SUBMITTER

Last name		First name:		Middle name(s):	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address				Date of birth: (dd/mmm/yyyy)	
<input type="text"/>				<input type="text"/>	
Street name & nr:		City/District:		Postal code:	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
(Personal) e-mail:				ID number:	
<input type="text"/>				<input type="text"/>	
<input type="checkbox"/> Please do NOT send me official APS correspondence via e-mail. <input type="checkbox"/> Please do NOT send me the APS e-newsletter.				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital status:		<input type="checkbox"/> Single		<input type="checkbox"/> Married	
		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed	
				Country: <input type="text"/>	
				Telephone number: <input type="text"/>	

CURRENT SPOUSE (ONLY IF MARRIED)

Last name:		First name:		Middle name:		Sex:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth: (dd/mmm/yyyy)		Marriage date: (dd/mmm/yyyy)					
<input type="text"/>		<input type="text"/>					

DEPENDENTS¹

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

EX-SPOUSE(S) (ONLY IF DIVORCED OR RE-MARRIED)

1 Last name:		First name:		Middle name:		Sex:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth: (dd/mmm/yyyy)		Marriage date: (dd/mmm/yyyy)		Date of divorce: (dd/mmm/yyyy)		Provide copy of divorce decree	
<input type="text"/>		<input type="text"/>		<input type="text"/>			
2 Last name:		First name:		Middle name:		Sex:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth: (dd/mmm/yyyy)		Marriage date: (dd/mmm/yyyy)		Date of divorce: (dd/mmm/yyyy)		Provide copy of divorce decree	
<input type="text"/>		<input type="text"/>		<input type="text"/>			

EMPLOYMENT DETAILS

Employer:		Date in service: (dd/mmm/yyyy)		Other income:	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

¹ Dependents are classified as children who are

- younger than the age of 18 years and financially dependent on you;
- between the ages of 18 and 27, attending school and financially dependent on you;
- between the ages of 18 and 27, 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.

BANK DETAILS

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

Beneficiary name:

BIC /IBAN nr (ING only):

Note: This must be a local or ING account.

- I hereby attest that all documents and information that I have provided regarding my eligibility to pension benefits from Algemeen Pensioenfonds Sint Maarten (APS) are true and correct.

Submission date: (dd/mmm/yyyy)

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)
- 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 (for verification purposes)
- Proof of additional income from business or other employment that is subjected to wage tax
- Copy of bank statement/bank book (for verification purposes)

FOR INTERNAL USE (APS)

Policy number:

Handled by:

Date: