

SUBMITTER

Last name	First name:	Middle name(s):		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	Date of birth: (dd/mmm/yyyy)	Sex:		
<input type="text"/>	<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"/>	
(Personal) e-mail:	ID number:	Telephone number:		
<input type="text"/>	<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.				
Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

Please select the relevant option that matches the nature of your query.

INQUIRY

<input type="checkbox"/> I would like to know if I am registered with APS.
<input type="checkbox"/> What is my accrued pension benefit?
<input type="checkbox"/> I would like a fictive calculation of how much pension I am entitled to.
<input type="checkbox"/> I would like to make an appointment (please fill in below).
<input type="checkbox"/> Pension Income Confirmation Letter
Addressed to:
<input type="text"/>
Address:
<input type="text"/>
<input type="checkbox"/> Other (if other please fill in below)

OTHER

Signature:	Name (in print):
<input type="text"/>	<input type="text"/>

Please ensure that a copy of valid picture ID (passport, ID card, driver's license) is included when submitting this form.

INTERNAL USE

■ Policy number:	■ Handled by:	■ Contact date participant: (dd/mmm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>