

A. SUBMITTER

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

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

Last name: First name: Middle name: Date Deceased: (dd/mmm/yyyy):

C. RELATION TO DECEASED

Spouse Financial Dependents Financial Dependents under 18 yrs. 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: 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 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):

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 submitter: passport, ID card, or driver's license
- Copy of invoices
- Extract from Civil Registry ("Uitgebreid uittreksel Burgerzaken")
- Proof of Payments
- Copy of Bank statement/book (for verification purposes)
- Authorization letter (if applicable)

FOR INTERNAL USE (APS)

Policy number:

Handled by:

Date: