

## 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:

I wish to receive my monthly pay slips via the above mentioned email address.

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

Type pension requested:  Widow(er)'s pension  Orphan's pension

## DETAILS ON PERSON FROM WHOM RIGHTS ARE DERIVED

Participant  Pensioner

Surname:  Maiden name:  First name:  Middle name(s):

Born on:  Deceased as of:

## 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 bank account.**

**NOTE: If the orphan is still a minor, this form must be completed and signed by his /her parent or legal guardian. Pension benefits payment will be made to a bank account held in the name of the parent and /or legal guardian. If the orphan does not have his /her own bank account, an authorized beneficiary must be named.**

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 marriage, change of bank account, no longer attending school etc.

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)
- Extract from Civil Registry ("Uitgebreid uittreksel Burgerzaken")
- Death certificate of the deceased family member from whom pension benefits rights are derived
- Salary specification letter from deceased participant's last employer stating the salary amounts earned over the last three years (if applicable)
- Declaration of school attendance for orphans if between the ages of 18 and 27 years
- Copy of bank statement/book (for verification purposes)

### INTERNAL USE

■ Policy number:

■ Handled by:

■ Contact date participant: (dd/mmm/yyyy)