

### SUBMITTER

Last name  First name:  Middle name(s):

(Personal) e-mail:  Date of birth: (dd/mmm/yyyy)  Sex:  Male  Female

Please do NOT send me official APS correspondence via e-mail. Telephone number:

Please do NOT send me the APS e-newsletter.

I currently collect a  Senior's pension  Disability pension  Widow(er)'s pension  Orphan's pension

**Please only complete the section of the form that is relevant to the change(s) you wish to inform APS of.**

### MARITAL STATUS - DETAILS OF CHANGE

I am (re-)married  
 Marriage date: (dd/mmm/yyyy)  Name spouse:  Date of birth spouse: (dd/mmm/yyyy)  Sex:  Male  Female

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I am divorced  
 Divorce date: (dd/mmm/yyyy)  Name ex-spouse:  Date of birth spouse: (dd/mmm/yyyy)  Sex:  Male  Female

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I am a widow(er)  
 RIP date: (dd/mmm/yyyy)  Name spouse:  Date of birth spouse: (dd/mmm/yyyy)  Sex:  Male  Female

### FAMILY STATUS - DETAILS OF CHANGE

I have children through  Birthright  Court appointed guardianship  Adoption

Date of birth child 1: (dd/mmm/yyyy)  Name child 1:  Sex:  Male  Female Attending school full-time?  Yes  No

### SCHOOL DETAILS

I am no longer attending school full-time

### CONTACT DETAILS - DETAILS OF CHANGE

I have moved to a new address Relocation date: (dd/mmm/yyyy) \_\_\_\_\_  
 Street name & nr:  Postal code:  City/District:  Country:

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I would like to receive my mail from APS at another address Date: (dd/mmm/yyyy) \_\_\_\_\_  
 PO Box nr/Street name & nr:  Postal code:  City/District:  Country:

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I have a new telephone number Telephone number

I have a new email address e-mail:

### PAYMENT - DETAILS OF CHANGE

I have a new bank account

Date: (dd/mmm/yyyy)

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

**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 divorce, change of bank account etc**

Submission date: (dd/mmm/yyyy)

Signature:

Name (in print):

**Please ensure that the following documents are included with the submission of your application form.**

- Marriage certificate
- Divorce decree
- Death certificate (spouse or dependent)
- Birth certificate child/Uitgebreide uittreksel
- Court appointment of guardianship
- Certificate of adoption
- Letter of school attendance (dependent aged 18 – 27 years)
- Statement from medical specialist of physical and /or mental disability (dependent)
- Copy of bank statement/book (for verification purposes)
- Copy of valid picture ID (passport, ID card, driver's license)

### FOR INTERNAL USE (APS)

Policy number:

Handled by:

Date: