

**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.

**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

I am divorced

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

I am a widow(er)

RIP date: (dd/mmm/yyyy)  Name spouse:  Date of birth spouse: (dd/mmm/yyyy)  Sex:  Male  Female

**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:

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:

I have a new telephone number Telephone number:

I have a new email address e-mail:

**EMPLOYER - DETAILS OF CHANGE**

I have changed the number of hours I work

Date: (dd/mmm/yyyy)  Employer:  Department:

Number of hours before:  Full-time (40 hours per week)  Part time, \_\_\_ hours per week

Number of hours currently:  Full-time (40 hours per week)  Part time, \_\_\_ hours per week

I have changed employers

Date: (dd/mmm/yyyy)  Previous employer:  Previous department:

New employer

New department

I have taken a leave of absence

Start date:(dd/mmm/yyyy)

End date: (dd/mmm/yyyy)

Retention of salary:

Yes  No

I have stopped working for an employer associated with the fund

Date: (dd/mmm/yyyy)

Previous employer:

Previous department:

I have a new salary

Date: (dd/mmm/yyyy)

Employer

Department:

Previous base salary (gross)

Monthly

Annually

Current base salary (gross)

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, 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)
- Relevant decree / substantiating documents for discharge, change of salary, number of hours working etc.
- Copy of valid picture ID (passport, ID card, driver's license)
- Extract from Civil Registry ("Uitgebreid uittreksel Burgerzaken")
- Other, \_\_\_\_\_

INTERNAL USE

■ Policy number:

■ Handled by:

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