



## Old age pension. AOV request form.

Described in 'Federal ordinance Old Age Pension/AOV'

Number AO:

Received <date D/M/Y> \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Maiden name: \_\_\_\_\_  
Family name: \_\_\_\_\_  
First name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail: \_\_\_\_\_
3. Gender (M/F): \_\_\_\_\_
4. Place of birth: \_\_\_\_\_  
Date of birth (D-M-Y): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Identity number: \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. Marital status: \_\_\_\_\_
7. If you are married, please provide us with personal information of your partner  
Name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Gender (M/F): \_\_\_\_\_  
Date of birth (D-M-Y): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Identity number: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date and place of marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
8. If your marriage is dissolved by death or divorce, please provide us with personal information of your former partner:
  - a. Name and first name: \_\_\_\_\_
  - b. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_





11. Do you (or your spouse) receive care or cure in an establishment?  
a. If yes, in which establishment (name/place)? .....  
b. Who is paying for the nursing costs? .....

12. How would you like to receive your Old Age Pension?  
Name (organization) .....  
Bank: .....  
Account number: .....  
Routing number: .....  
IBAN of BIC code: .....  
Swift code: .....
- To a delegate  
Name delegate: .....  
Address delegate: .....

13. Have you previously submitted an application to SZV to obtain Old Age Pension?

The applicant certifies that the above questions are answered truthfully.  
..... 20 .....

Signature\* .....

\* By signing this agreement, you give SZV permission to contact other public institutions in order to check personal information relevant for Old Age Pension/AOV.

Please send the AOV request form to:  
Division Pensions SZV, Harbor view, Sparrow road #4, Philipsburg St. Maarten. If you want to know which documents to submit with this request, please look at our website [www.uszv.org](http://www.uszv.org) for 'Requirements Old Age Pension/AOV'.

You can also send your scanned AOV requestform by email. Please send it to: [benefits@uszv.org](mailto:benefits@uszv.org). Note: The original AOV request form must always be submitted (incl. additional documents) as soon as possible!



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TO BE FILLED IN BY THE CENSUS OFFICE

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|--|--|
| 1. Are all questions answered correctly?<br>If no, please complete all questions correctly |  |
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Special notes  
Signature:

Verification date (d/m/y): ..... / ..... / .....

The chief Census Office: .....

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