



Lump sum request, after passing pensioner

Ex- article 19 & 20, section-3 Federal Ordinance A.O.V.

1. Personal information applicant

Last name: _____
First name: _____
Date of birth (D-M-Y) / /
Address: _____
Residence: _____
Country: _____
Phone number: _____
Email address: _____
Bank: _____
Account number: _____
Routing number: _____
IBAN or BIC code: _____
Swift code: _____

2. Personal information of the deceased pensioner

AO-AWW number deceased: _____
Name: _____
First name: _____
Date of birth (D-M-Y) / /
Date of death (D-M-Y) / /
Address: _____
Residence: _____
Country where deceased: _____

3. What's the relationship between the applicant and the deceased? _____

4. Was the deceased insured for funeral costs?

If yes, for what amount?

Funeral Insurance seen by SZV?

Total amount of funeral expenses

Receipts submitted to an amount of

YES/NO

Fls. _____

Yes/No

Fls. _____

Fls. _____

Article 19

- Is the applicant the rightful heir?

Yes/No

- Are there notarized documents available to confirm this?

Yes/No

- The applicant is applying for AOV allowance that was not collected by the deceased for the months:

Yes/No

_____ until _____

- The applicant is entitled to receive a lump sum of

Fls. _____ +

Article 20

- Did the applicant pay for (most of) the funeral expenses?

Yes/No

- If no, is the funeral home authorized to receive money

Yes/No

- Which funeral Home? Royal Funeral Home Emerald Funeral home

- The applicant is entitled to receive a lump sum of

Fls. _____ +

Aftrekposten

- Debts due to delayed discontinuation AOV after death pensioner

Fls. _____

- Other debts of deceased at SZV

Fls. _____

- Total debts of deceased

Fls. _____ -

Total contribution SZV in funeral costs is

Fls. _____

Date

Signature

Please send this form, plus a copy of your ID or Passport and original receipts to: Division Pensions SZV, Harbor View, Sparrowroad #4, Philipsburg St. Maarten.

You can also send your scanned 'Lump Sum Request, after passing pensioner' form, plus a scan of your identity papers and receipts by email. Please send it to: benefits@szv.sx.

Note: The original receipts must always be submitted!