



## Mutation form pensions

Please specify which data you want to modify:

Change of address    Other contact details    Marital status    Bank account

Other; .....

### 1. Personal information

AO-AWW number: .....

Name: .....

First name: .....

Date of birth (D-M-Y): ..... / ..... / .....

Address: .....

Residence: .....

Country: .....

Marital status\*: .....

Phone number: .....

Email address: .....

Bank: .....

Account number: .....

IBAN or BIC code: .....

Swift code: .....

Mutation date: ..... / ..... / .....

Date of application: ..... / ..... / .....

Signature .....

\* If your partner is deceased, please send us a death certificate.

**Send your 'Mutation form' plus a copy of your identity papers to:**

Division Pensions SZV, Harbor View, Sparrowroad #4, Philipsburg, St. Maarten

**You can also send mutations by e-mail:**

Please send your 'scanned Mutation form' plus a 'scan of your identity papers' to **benefits@szv.sx**.