

Important:

- All fields are mandatory.
- Incomplete forms will not be processed.
- A copy of a valid Identification is required of the pension recipient and the assigned authorized representative.

Pension Authorization Form:

Request:

- Year Pension Statement/Letter Year(s): _____
- Month Pension Statement/Letter Month(s): _____
- Other: _____

Pension Recipient information:

First name: _____

Last name: _____

Date of birth: _____

Address: _____

Phone number: _____

Authorized Representative information:

First name: _____

Last name: _____

Date of birth: _____

Address: _____

Phone number: _____

The Pension Recipient hereby authorizes the above Authorized Representative to request the indicated documents from SZV during the period of _____ – _____ – _____ to _____ – _____ – _____ (maximum 1 year).

Day Month Year

By submitting this authorization form and the required documents, the above Pension Recipient grants SZV permission to provide the requested information to the above Authorized Representative.

Place _____ Date: _____ – _____ – _____

Day Month Year

Signature Pension Recipient

Signature Authorized Representative

HOW TO SUBMIT YOUR PENSION AUTHORIZATION FORM

Post / Drop-off Box:
SZV Pension Department
Harbour View,
Sparrow road #4,
Philipsburg, St. Maarten.

E-mail:
Scanned copy of form to e-mail info@szv.sx
The original Pension Authorization form must always
be submitted to SZV.