

3. Did your former partner **reside** on Sint Maarten when he/she passed away?
4. Was the deceased person entitled to receive Old Age Pension?
5. Are you entitled to receive Old Age Pension?
6. Do you receive care or cure in an establishment?
- a. If yes, in which establishment (name/place)?
- b. Who is paying for the nursing costs?

7. How would you like to receive your widow/widower pension?

Name (organization)

Bank:

Account number:

Routing number:

IBAN or BIC code:

Swift code:

* To a delegate:

Name delegate:

Address delegate:

8. Have you previously submitted an application to SZV to obtain widow/widower pension?

The applicant certifies that the above questions are answered truthfully.

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Signature*

* By signing this agreement, you give SZV permission to contact other public institutions in order to check personal information relevant for Widow/widower pension.

Please send the Widow/widower pension request form to:
Division Pension SZV, Harbour 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.szv.sx for 'requirements application Widow(er) and orphans' pension.

You can also send our scanned Widow/widower request form by email. Please send it to: benefits@szv.sx.
Note: The original widow/widower' request form (incl. additional documents) must always be submitted as soon as possible!

