



Life Certificate

1. Personal information

AO-AWW number:

Name:

First name:

Date of birth: Day Month Year

Address:

Residence:

Country:

Marital status:

Phone number:

Email address:

2. Signature client

Date: Day Month Year

Your signature

* If your personal information is not correct, you can modify this data by filling in a 'Mutation form pensioens'.

To be completed by authorized organization (e.g. Notary, Dutch Embassy)

Signature and stamp of authorized organization

Is the data correct and fully completed? yes no

Is the form signed by the beneficiary? yes no

Is the beneficiary and partner still alive? yes no

* If your partner passed away, please send us a death certificate.

Description 'authorized organization'

Date: Day Month Year

Signature and stamp:

Remarks:

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Please send your Life Certificate to:

Benefits Department SZV, Harbour View, Sparrow Road #4, Philipsburg, Sint Maarten

You can also send your scanned Life Certificate by email. Please send it to: benefits@szv.sx

Note: The original Life Certificate must always be submitted within 2 months.