



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, Sparrow road #4, Philipsburg, St. Maarten

You can also send mutations by email:

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