



Registration nr:

## Application form AOV

You are entitled to General Old Age Pension (AOV) if you have reached the AOV age and have lived or worked in the Caribbean Netherlands. Also complete the **APPENDIX: AOV Partner Allowance** if you are married or in a registered partnership but your partner is not yet entitled to AOV.

### 1. Your information

Last name:

Maiden name *(if applicable)*

First names (in full):

Birthdate + place:

( d d ) - ( m m ) - ( y y y y ) \_\_\_\_\_

Sex:

F  M

Street and house number:

ZIP code and city:

Island / country:

Phone number:

E-mail address:

ID-number:

Nationality:

Dutch  Other, namely: \_\_\_\_\_

Are you married or do you have a registered partnership?

Yes *(go to the next question)*  
 No *(go to **3. Residence(s) after your 15th birthday**)*

Your spouse / partner is:

Older than yourself *(complete form up to and incl. pg. 3)*  
 Younger than yourself  
 Already entitled to AOV *(complete form up to and/ incl. pg. 3)*  
 Not yet entitled to AOV *(complete form up to and incl. pg. 5)*

Have you previously applied for a retirement pension with the SZW-unit of RCN?

Yes  
 No

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## 2. Housing spouse or partner

Are you or your spouse / partner being nursed or cared for in an institution?	<input type="checkbox"/> <b>Yes</b> (complete below questions) <input type="checkbox"/> <b>No</b> (proceed to 4. Payment)	
	Name spouse / partner:	
	Name en location institution:	
	For whose account are the nursing costs?	

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## 3. Residence(s) after your 15<sup>th</sup> birthday

You are automatically insured for AOV if you were a resident of the Caribbean Netherlands (Bonaire, Saba or Sint Eustatius) between your 15th and 65th birthday.

Where have you lived after your 15th birthday and during which periods of time?	Periods of time		<i>Island</i>
	<i>From</i>	<i>To</i>	

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## 4. Payment

How do you wish to receive your AOV payment?     **By bank**     **Via an authorized representative**

### PAYMENT BY BANK

Name: \_\_\_\_\_

Name bank: \_\_\_\_\_

Account number: \_\_\_\_\_

Current account     Savings account

### Extra details in case of a foreign bank account

Name bank: \_\_\_\_\_

Address and country bank: \_\_\_\_\_

SWIFT and IBAN code:    *SWIFT*    |    *IBAN*

**PAYMENT VIA AUTHORIZED REPRESENTATIVE**

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Beneficiary name: \_\_\_\_\_

Address: \_\_\_\_\_

ID-number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name bank: \_\_\_\_\_

Account number: \_\_\_\_\_

Current account     Savings account

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## 5. Signature

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I declare to have answered all of the above questions truthfully.

The SZW-unit RCN reserves the right to verify all information provided with relevant parties.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

( d d ) - ( m m ) - ( y y y y )

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**FOR CIVIL AFFAIRS**

Are all the above questions answered correctly?

Yes     No

Date verification by Chief Civil Affairs:

( d d ) - ( m m ) - ( y y y y )

Signature of Chief Civil Affairs & office stamp:

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### 3. Income

Do you or your partner receive other income in addition to the AOV pension?	<input type="checkbox"/> <b>Yes</b> (complete below information)			
	<input type="checkbox"/> <b>No</b> (proceed to 5. Signature)			
	<b>Other income</b>			
	<u>Name organisation</u>	<u>Place / Country</u>	<u>Amount annual income</u>	<u>Beneficiary name</u>

**NOTE:** Enclose documentary evidence of the amount of the annual income from each organisation. The income is verified afterwards. If it turns out to be higher than what was communicated to the SZW-unit of RCN, we are obligated to reclaim the excess partner allowance paid. **Inform SZW immediately in case of income changes!**

### 4. Payment

#### PAYMENT BY BANK

Beneficiary name: \_\_\_\_\_

Name bank: \_\_\_\_\_

Account number: \_\_\_\_\_

Current account     Savings account

#### Extra information in case of a foreign account

Name bank: \_\_\_\_\_

SWIFT and IBAN code: \_\_\_\_\_

SWIFT

IBAN

Address bank: \_\_\_\_\_

Country bank: \_\_\_\_\_

### 5. Signature

Spouse / Partner declares that the above mentioned questions have been completed truthfully. The SZW-unit RCN reserves the right to verify all information provided with relevant parties.

Signature partner: \_\_\_\_\_

Date: \_\_\_\_\_

( d d ) - ( m m ) - ( y y y y )