



PUBLIC SERVICE PENSION FUND CONTRIBUTOR INFORMATION FORM

In accordance with the provisions of the Pensions Act, Revised Statutes of Anguilla, Chapter P20 Section 48 subsections (1) to (5), this form is to be completed **legibly in PRINT** by each contributor of the Public Service Pension Fund.

PERSONAL DETAILS

PLACE OF EMPLOYMENT _____ JOB TITLE _____

Social Security # _____ PF ID# _____ Gender: Male Female

Surname _____ First Name _____ Middle Name _____

Maiden Name _____ Date of Birth ____/____/____ Country of Birth _____
(if applicable) dd mm yy

Nationality _____ Telephone _____ (home) _____ (cell) _____ (work)

Residential Address: _____ Postal Address _____

Email Address: _____

Marital Status: Single Married Divorced Widow(er)

Date of Marriage ____/____/____ Name of Spouse _____
dd mm yy First Middle Initial Last

Spouse Date of Birth ____/____/____ Country of Birth _____ Nationality _____
dd mm yy

DEPENDENT CHILDREN Please provide information only for children under age 18

Full Name	Date of Birth (dd/mm/yy)	Gender (M/F)	Indicate if you are the biological, step, adoptive, or foster parent or legal guardian

Marital status, birth of a child, death of spouse or dependent children (since last submission of record update), or bankruptcy **MUST** be supported by a certificate or affidavit. Any changes must be submitted to the Public Service Pension Fund within 3 months of effective date of change, supported by the respective certificate or affidavit.

Signature of Contributor: _____ Date: _____

PSPF OFFICE USE Reason for Submission: New Contributor Change in Details Renewal

Annual Salary: EC\$ _____ Contributor Join Date: ____/____/____
dd mm yy

Data Entry date: ____/____/____ Initials of officer: _____
dd mm yy

Signature of Pension Fund Administrator: _____ Date: _____