

NOMINATION OF SPOUSE

Note: This form is to be used ONLY where an Insured Person wishes to nominate his/her common-law spouse to receive Survivors' Benefits under Section 2 of the National Insurance Act. Both the Insured Person and the Nominee must be single persons. A single person means a person who has never been married or whose marriage has been dissolved by a decree absolute of divorce or declared a nullity or whose lawful spouse has already died.

SECTION "A" - TO BE COMPLETED BY INSURED PERSON

NATIONAL INSURANCE NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I
(Surname) *(BLOCK LETTERS)* *(Other Names)*

of
(ADDRESS)

DATE OF BIRTH:

--	--	--	--	--	--	--	--

 YYYY MM DD

GENDER:
 Male Female

VALID IDENTIFICATION:
 Electoral ID Passport Driver's Permit

Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

declare that I am a single person and I hereby nominate.....as my spouse
 thisday of20.....
(Surname) *(Other Names)*

I hereby revoke all former nominations made by me.

.....
Signature or Mark of Insured Person

SECTION "B" - TO BE COMPLETED BY NOMINEE

I
(Surname) *(BLOCK LETTERS)* *(Other Names)*

of
(ADDRESS)

NATIONAL INSURANCE NUMBER (If any):

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VALID IDENTIFICATION:
 Electoral ID Passport Driver's Permit

Number:

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I hereby declare that I am a single person.

.....
Date

.....
Signature or Mark of Nominee (Spouse)

.....
Name of Witness to Signatures
(BLOCK CAPITALS)

.....
Signature of Witness to Signatures
 (Please refer to 'Note 2' on the reverse side of this form)

.....
Address of Witness

.....
Profession/Rank

WARNING! It is an offence punishable by law to give false information.

NOTE (1): This form should only be completed by an insured male or female who is unmarried, divorced or widowed and is living in a common law relationship with another unmarried, divorced or widowed male or female.

NOTE (2): The signature of the declarant is to be witnessed by any Magistrate, Justice of the Peace, Clergyman, Warden, Bank Manager, Doctor of Medicine, Attorney at Law, Principal of any Government School, Head of Department, Head of any Government Institute, Police Officer of the rank of Sergeant of Police and above, the declarant's employer or any employee of the National Insurance Board.

NOTE (3): The form must be submitted to the National Insurance Board during the life of the Insured Person. Any form received after death of the Insured Person will not be considered.