

**THE NATIONAL INSURANCE BOARD**  
**LIFE CERTIFICATE**

NI 65

**PLEASE RETURN THE COMPLETED FORM TO YOUR LOCAL OFFICE OR VISIT YOUR LOCAL OFFICE BY MID-JUNE AND MID-DECEMBER OF EACH YEAR TO ENSURE THAT PAYMENTS CONTINUE**

**SECTION "A" - PARTICULARS OF BENEFICIARY (To be completed by Beneficiary)**

NAME:

SURNAME:

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

NATIONAL INSURANCE NUMBER:

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

OTHER NAME(S)

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

BENEFIT NUMBER (Where applicable)

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

ADDRESS:

TELEPHONE NUMBER:

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

TYPE OF BENEFIT:

NAME OF BANK/CREDIT UNION:

ADDRESS:

ACCOUNT NUMBER:

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The information given above  is/  is not different from that previously given.

\*Re: Spouse/Parents Benefit - I have/have not remarried.

\*Date of marriage if applicable

YYYY				MM		DD													

\*Applicable to survivors and death benefits only.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SIGNATURE OR MARK OF CLAIMANT

**SECTION "B" - CERTIFICATE OF DECLARATION (To be completed by Declarant) (See list overleaf)**

I \_\_\_\_\_  
*PLEASE PRINT*

of \_\_\_\_\_  
*PRESENT ADDRESS*

declare that on 

YYYY				MM		DD													

Mr/Mrs/Miss \_\_\_\_\_ was alive and produced Identification in the form of:

PASSPORT  DRIVER'S PERMIT  ELECT I. D.

NUMBER:

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I make this declaration conscientiously believing same to be true and I am aware I am subject to the process of law for any false or misleading information given.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SIGNATURE OF DECLARANT: \_\_\_\_\_

PROFESSION/RANK: \_\_\_\_\_

**OFFICIAL STAMP**  
(if any)

IDENTIFICATION OF DECLARANT:

PASSPORT  DRIVER'S PERMIT  ELECT I. D.  OTHER (Please specify)\*below

NUMBER: 

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\*IDENTIFICATION

**INSTRUCTIONS FOR USE OF LIFE CERTIFICATE**

***(The purpose of the Life Certificate is to establish that the beneficiary is alive on the date of this Declaration)***

1. All Recipients of National Insurance Retirement, Invalidity and Disablement Pensions, Survivors Benefits and Employment Injury Death Benefits must complete this LifeCertificate every six months.
2. The Declaration may be signed by:
  - (a) (For a resident of Trinidad and Tobago)  
any Magistrate, Justice of the Peace, Clergyman, Warden, Councillor/Assemblyman, Bank Manager, Medical Practitioner, Attorney-at-Law, Principal/Vice Principal of any Government/approved School, Head of any Government Institution or any Police/Military officer of the rank of Sargeant and above or Local Office Staff or Supervisory Officer of the National Insurance Board.
  - (b) (For a non-resident of Trinidad and Tobago)  
a member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner.
3. Identification produced by the beneficiary should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
4. You are required to submit a BANK ACCOUNT NUMBER as provided for on this Form.