

LIFE CERTIFICATE

WARNING! Pursuant to Section 33 of the National Insurance Act, a person who makes any false statement is liable on summary conviction to a fine of \$3,000.00 and to imprisonment for two years.

NATIONAL INSURANCE NUMBER:

Grid for National Insurance Number

NAME OF DECEASED INSURED (SURVIVORS/DEATH BENEFIT RECIPIENTS (ONLY))

I certify that on [Date] Mr./Mrs./Ms [Name] of [Address]

was alive and produced Identification in the form of Passport /Driver's Permit/Electoral I.D Card/Other

IDENTIFICATION NUMBER

Grid for Identification Number

in respect of

Table with columns: Benefit Type, Claim No., Benefit Type, Claim No., Name and age of Dependents

Are all children still alive? [ ] YES [ ] NO.

Are all children still unmarried? [ ] YES [ ] NO.

If there is a change in status of child/children, please provide relevant details:

Blank lines for providing details of child status changes

\* Have you re-married? [ ] YES [ ] NO.

If yes, please state date of re-marriage. [Date]

PAYMENT INFORMATION (Please complete only where previous Financial Institution data have been changed).

Form fields for Financial Institution, Branch, and Account Number

Is this account a joint account? [ ] YES [ ] NO.

If "YES", state name(s) and address(es) of other party/parties.

Blank lines for joint account details

SIGNATURE OR MARK OF INSURED/RECIPIENT

SIGNATURE OF CSR