THE NATIONAL INSURANCE BOARD LIFE CERTIFICATE

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

	y Beneficiary)
NAME:	NATIONAL INSURANCE NUMBER:
SURNAME:	
	BIRTH CERTIFICATE PIN:
OTHER NAME(S):	
	BENEFIT NUMBER (Where applicable)
ADDRESS:	
TELEPHONE NUMBER: TYPE OF BENEFIT:	
Applicable to Survivers and Dooth Benefits reginients only	
Applicable to Survivors and Death Benefits recipients only.	
*Re: Spouse/Parents Benefit - I have/have not remarried.	
*Date of marriage (if applicable)	
YYYY MM DD	
Declared this day of 20	
day of 20	SIGNATURE OR MARK OF CLAIMANT
SECTION "B" - CERTIFICATE OF DECLARATION (To be completed by	y Declarant) (See list overleaf)
T	
PLEASE PRINT	
OfPRESENT ADDRESS	
declare that on	
YYYY MM DD	
YYYY MM DD	
Mr/Mrs/Miss was alive	
Mr/Mrs/Miss was alive	
Mr/Mrs/Miss was alive	
Mr/Mrs/Miss was alive	NUMBER:
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Mr/Mrs/Miss	NUMBER: m aware I am subject to the OFFICIAL STAMP (IF ANY)
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Mr/Mrs/Miss	NUMBER: m aware I am subject to the OFFICIAL STAMP (IF ANY)

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) <u>(For a resident of Trinidad and Tobago)</u>
 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.