

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.

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

NAME:

SURNAME

Grid for Surname

NATIONAL INSURANCE NUMBER

Grid for National Insurance Number

OTHER NAME(S)

Grid for Other Name(s)

BENEFIT NUMBER (Where Applicable)

Grid for Benefit Number

ADDRESS:

TELEPHONE NUMBER:

Grid for Telephone Number

TYPE OF BENEFIT:

NAME OF BANK/CREDIT UNION:

ADDRESS:

ACCOUNT NUMBER:

Grid for Account Number

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

Grid for Date of Marriage (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 _____

of _____ PLEASE PRINT

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:

Grid for Identification Number

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: _____

*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 Life Certificate 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.