

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, Disablement and Survivors' Pensions must complete this Life Certificate.
2. Failure to do so will result in your pension being suspended until such time this information is received.
3. This Declaration must be signed by:
A Magistrate, Justice of the Peace, Bank Manager, Medical Practitioner, Attorney-at-Law or an officer of supervisory level of the National Insurance Board.
4. Identification produced by the beneficiary should be in the form of a valid Passport or Driver's License. It should be notarized by signing officer.



THE TURKS & CAICOS ISLANDS
NATIONAL INSURANCE BOARD
LIFE CERTIFICATE FORM

DATE:

SECTION A: PARTICULARS OF BENEFICIARY (TO BE COMPLETED BY BENEFICIARY)

NAME _____ DOB: _____

ADDRESS: _____

TELEPHONE NBR: EMAIL:

NAME & ADDRESS OF BANK: -----

ACCOUNT NBR: -----

RE: SPOUSE: I HAVE / HAVE NOT REMARRIED: [] YES [] NO

DECLARED THIS DAY OF 20.....

.....

SIGNATURE OF CLAIMANT

SECTION B: CERTIFICATE OF DECLARATION (TO BE COMPLETED BY DECLARANT)

I _____

OF _____

DECLARE THAT ON: _____

MR/MRS/MISS _____ was alive and produced Identification in the form of: - []

PASSPORT [] DRIVERS LICIENCE ID NBR: _____

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: