



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD CLAIM FOR RETIREMENT BENEFIT

- **RETIREMENT BENEFIT** is a National Insurance benefit you may be able to receive (1) as a pension, if at age 60 you are retired and satisfy the qualifying conditions, or if you satisfy those conditions between the ages of 60 and 65 or (2) As a grant, (*a lump sum payment*), if at age 65, you cannot qualify for a pension, but satisfy the conditions for a grant.
- **WHO THIS FORM IS FOR?** Insured persons, whether employed, self-employed or voluntary contributors.
- **WHEN TO SUBMIT THIS FORM?** No later than three (3) months of attaining pensionable age.
- **WHAT YOU HAVE TO PROVIDE?** Two forms of identification, preferably passport (Bio metric page) any other valid Government issued identification.
NOTE: If submitting application to the office only **ORIGINAL** documents are acceptable.
If submitting online documents should be certified by a Justice of the Peace of Notary Public.
Baptismal Certificates **ARE NOT** acceptable.

SECTION A: DETAILS OF CLAIMANT

1. Name: _____ : _____
Last First Middle Initial
2. National Insurance Number: _____
3. Date of Birth: _____ / _____ / _____
Day Month Year
4. Address: _____
5. Telephone No.: _____
6. Occupation: _____
6. Date you became 60 years old / 65 years old: _____ / _____ / _____
Day Month Year

SECTION B: DETAILS OF EMPLOYMENT & RECEIPT OF BENEFIT

1. If you are currently employed state Employer's name. _____
Employer's Address: _____
2. If you are still employed, please state whether weekly or monthly. State relevant earnings: \$ _____
3. If you are not employed, state the name of your last Employer. _____
Employer's Address: _____
4. Please state last date of employment: _____ / _____ / _____
Day Month Year
5. If you are self-employed please state date that you were last self-employed: _____ / _____ / _____
Day Month Year
6. Are you a Voluntary Contributor? Yes No
7. Are you receiving a National Insurance Benefit? Yes No
If yes, please state which benefit (*For example, sickness, survivors' or invalidity benefit*). _____

SECTION C: PAYMENT INFORMATION

Please deposit my benefit payment to my: Savings Chequing | CIBC/FCIB Scotia Bank RBC

Account No.: _____ in the name of _____

I do not have an account.

Please make cheque payable to _____

PART D: DECLARATION AND CLAIM

Any person who knowingly makes any false statement or false representation or who produces or furnishes or knowingly allows to be produced or furnished any document or information, which he knows to be false, commits a criminal offence punishable by a fine or imprisonment or both.

I CLAIM Retirement Benefit.

Claimant's Signature: _____

Date: _____ / _____ / _____
Day Month Year