

LIFE CERTIFICATE

N.B. Official Use Only



Pension Id Number: _____

Bank/Credit Union/Over the Counter/Districts: _____

I, _____, retired

1. Teacher

❖ in accordance with Pension Act (Chap. 42); or retired

2. Nurse 3. Public Officer 4. Police Officer

❖ in accordance with Pension Act (Chap. 30); or retired

5. B.D.F. Soldier or B.D.F. Officer

❖ in accordance with Defence Act (S.I. 97 of 1990); or retired

6. Member of the National Assembly

❖ in accordance with National Assembly Pension Act (Chap. 8);

Do solemnly declare that; I am entitled to the payment of pension.

Date of Birth: -----

Address: -----

Social Security Number: -----

Telephone # or Email: -----

Signature of Pensioner: -----

I hereby certify that Mr. /Miss /Mrs. _____ whose
Signature is affixed above is alive and to the best of my knowledge and
belief is the person entitled to the pension payment.

Signature

Qualification

(Head of Department: Justice of the Peace;
Minister of Religion; Bank Manager; Notary Public)

Date

***N.B. Pensioners are required to sign a Life Certificate in the
months of May and December of Each Year.**

Telephone: 501-223-2819/3213/3251/3361

Fax 501-223-2577