

LIFE CERTIFICATE

TO BE COMPLETED BY PENSIONER:

Title: ☐ Miss ☐ Mrs. ☐ Mr. ☐ Other:

Gender: ☐ Male ☐ Female

Pension Fund Name:

TRN: NIS:

I am living at the following address:

Address:

Home # Mobile #

Email:

Name of a Relative/Contact:

Address:

Home # Mobile #

Email:

Dated on this day of 20

Signature of Pensioner

WITNESSES:

WITNESSED BY: Justice of the Peace; Minister of Religion; Notary Public (Pensioner resides overseas); Bank Manager; Medical Practitioner; School Principal; Attorney-at-Law; Superintendent of Police or higher rank.

I hereby certify that

Name of Witness

Name of Pensioner

Whose signature is affixed above, is living, and to the best of my knowledge is residing at the address stated above.

Signature of Witness

Title of Witness

Address of Witness

Official Stamp/Seal

Complete and return to:
The Assistant Manager
Pensions Administration
VM Pensions Management Limited
73-75 Half Way Tree Road, Kingston 10

NOTE: To protect you and your Pension Fund, each January, a Life Certificate request will be mailed to your mailing address. Continued payment of your pension is dependent on the return of this form, completed in full and signed by you; stamped, witnessed and returned by April 30 each year.