



SOCIAL SECURITY FUND

Form : LC_2

E. KARNEY OSBORNE BUILDING

P.O. BOX 170 . LITTLE BAY . MSR 1120 . MONTERRAT . TEL (664) 491-2567 /3667 . FAX (664) 491-6145

WEBSITE: www.socialsecurity.ms / Email: operations@socialsecurity.ms

AGE BENEFIT LIFE CERTIFICATE

WARNING: Any person who knowingly makes a false representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable by a fine or imprisonment or both.

I, Mr / Mrs / Miss

Surname

.....

First Name

Middle Name(s)

Date of Birth

dd	mm	yy			

PLEASE SIGN IN THE PRESENCE OF A WITNESS WHO MUST BE ONE OF THE FOLLOWING : Justice of the Peace, Notary Public, Physician, Minister of Religion, Social Security Official. You are also required to present for means of identification an official Picture ID which should be one of the following : Passport, Travel Document, Social Security Card, Driver's License or Voter's ID.

Signature of Pensioner

Date

dd	mm	yy			

I, the undersigned hereby identify and certify that Mr / Mrs / Miss

.....

Whose signature is affixed above was alive on

dd	mm	yy			

Identification was done by use of with number and

Expiry date of

dd	mm	yy			

Witness's Name (Please print)

Signature

.....

Date

dd	mm	yy			

Profession

Official Seal / Stamp