



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

Address

Date of Birth

--	--	--	--	--

 Email Contact No.
dd mm yy

PLEASE SIGN IN THE PRESENCE OF A WITNESS WHO MUST BE ONE OF THE FOLLOWING : Member of Parliament, Justice of the Peace, Attorney-at-Law, Physician, Minister of Religion, Registered Professionals, Social Security Official. You are also required to present for means of identification an official Picture ID which could be one of the following : Passport, Travel Document, Social Security Card, Driver’s License or Voter’s ID.

A COPY OF THE IDENTIFICATION USED SHOULD BE ATTACHED WHEN SUBMITTING YOUR CERTIFICATE.

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)

Profession

Address

Email Contact No.

Signature of witness Date

--	--	--	--	--

dd mm yy

Official Seal / Stamp