



# SOCIAL SECURITY FUND

Form : LC\_2

E. KARNEY OSBORNE BUILDING  
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## 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 

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 Email ..... Contact No. ....  
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 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**

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

Whose signature is affixed above was alive on 

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Identification was done by use of .....

with number ..... and expiry date of 

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**Witness’s Name (Please print)** .....

**Profession** .....

**Address** .....

**Email** ..... **Contact No.** .....

**Signature of witness** ..... **Date**

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