



# 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. **Please note that family members are NOT permitted to witness on behalf of pensioners.**

**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