



**SOCIAL SECURITY BOARD
P.O. BOX 698
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS**

AGE PENSION LIFE CERTIFICATE

This form must be signed in the presence of a witness who must be one of the following: Official or employee of a British Embassy or Consulate, Magistrate, Justice of the Peace, Notary Public, Senior Social Security Official, Senior Bank Official, Clergyman or Physician.

Full Name of Pensioner _____

Address _____

Social Security Number

Claim Number

Telephone No. _____

Signature of Pensioner _____

I the undersigned hereby certify that _____

whose signature is affixed above was alive on the _____ day of _____

20____.

SIGNATURE

NAME (PLEASE PRINT)

PROFESSION

DATE

IMPORTANT: Anyone who knowingly makes or cause to be made a false statement or misrepresentation of a material fact for use in determining a right to payment under the Social Security Ordinance commits a crime punishable by a fine or imprisonment under the laws of the Virgin Islands.