



LIFE CERTIFICATE GENERAL (P&G5) FORM

*Note: - Retirees will be updated of retirement processing status through their email address.
- Please use latest version of Adobe Reader when filling in this form.*

Pension ID number:* _____ Bank Name:* _____
Branch:* _____
Account Number:* _____

I, _____, retired
Last Name First Name* Second Name Third Name*

*Please check one appropriate option below: **

- ☐ 1. Teacher in accordance with Pension Act (Chap. 42);
☐ 2. Nurse
☐ 3. Public Officer
☐ 4. Police Officer in accordance with Pension Act (Chap. 30);
☐ 5. B.D.F. Soldier or B.D.F. Officer in accordance with S.I. 97 of 1990;
☐ 6. Member of the National Assembly in accordance with National Assembly Pension Act (Chap. 8);

do solemnly declare that I am entitled to the payment of pension.

Date of Birth:* _____ Social Security Number:* _____

Street Address: _____

City/Town/Village:* _____ Zip Code: _____

District/State:* _____ Contact Number:* _____

Country:* _____ Email: _____

Signature of Pensioner *

Date *

I hereby certify that Mr. /Miss /Mrs. _____ whose signature is affixed above is alive and to the best of my knowledge and belief is the person entitled to the pension payment.*

Pensioner's Signature *

Official Stamp *

Date *

*(Head of Department; Justice of the Peace;
Minister of Religion; Notary Public;
Finance Officer at the Treasury or Sub-Treasuries)*

Note: Pensioners are required to sign and submit a Life Certificate in the months of May and December of each year.

Telephone: 501-223-0575/0578/2819/3213/3251/3361 Fax: 501-223-0571/2577

For more pension information visit www.publicservice.gov.bz

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