



LIFE CERTIFICATE CHILDREN'S (P&G5B) FORM

CHAPTER 32 OF THE LAWS OF BELIZE

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:* _____

Section 1

I, _____, child of _____
 Last Name * First Name * Second Name Third Name
 Last Name * First Name * Second Name Third Name

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/Mother *
(Children 18 years and over may sign.)

Date *

Section 2

I, hereby certify that _____ child of the deceased is alive and to the best of my knowledge and belief is the person entitled to the pension payment.

Signature *

Official Stamp *

Date *

(Head of Department; Justice of the Peace;
Minister of Religion; Bank Manager, Notary Public)

Section 3 - Applicable to children 16 years and older

I, Mrs. _____ declare that my child _____ has been receiving continuous full time education since attaining the age of 16 years in accordance with Section 2 (11) (a)(ii) and attached is a certified letter from the educational institution, I am also declaring that my child has not been married or cohabiting since receiving pension in accordance with regulation 16 (2)(c).

Note: In accordance with regulations section 17(1) & (2), failure to comply with these regulations will result in the pension being forfeited and/or be fined.

Signature of Mother *

Signature of Justice of the Peace *

Date *

Date *

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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