

## LIFE CERTIFICATE WIDOW'S (P&G5A) 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.* 

		Branch:*		
	Α	Account Number:*		
I,				, widow of
Last Name* Fin	rst Name*	Second Name	Third Name	,
Last Name*Findo solemnly declare that I am ent	rst Name* itled to the pay	Second Name ment of pension.	Third Name	
Date of Birth:*	Social Security	Number:*		
Street Address:				
City/Town/Village:*		Zip Code	2	
District/State:*		Country:	*	
Contact Number:*		Email:		
Signature of	of Pensioner *		Date *	
I, hereby certify that Miss /Mrs.		whose signature is affixed above is		
alive and to the best of my knowled	ge and belief is	the person entitled to t	the pension payment.	
Signature *		Official Stamp *		Date *
		d of Department; Justice og of Religion; Bank Manager		
I, Mrs.	hereby certify that since I have been receiving my Widow's			
Pension, my status has not changed have I re-married since I have been			(a) and (b), I am not co	habiting with anyone nor
Note: In accordance with regulati pension being forfeited and/or be		1) & (2), failure to co	omply with these regu	lations will result in the
	Signature of Pensioner *			
Signature o	of Pensioner *	_	Signature of Jusite	e of the Peace *

Telephone:501-223-0575/0578/2819/3213/3251/3361Fax:501-223-0571/2577For more pension information visit <a href="http://www.publicservice.gov.bz">www.publicservice.gov.bz</a>

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