

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 www.publicservice.gov.bz

Revised July 2016.