ST.CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

LIFE CERTIFICATE

Striving for Social Justice

FOR: BENEFICIARY/PENSIONER ABROAD

Name of Insured Person: _____ Social Security No. | | | | | | |

The following certificate should be completed by a Notary Public, Justice of the Peace, Manager of a Bank, Medical Practitioner, an Attorney-at-Law, a Senior Police Officer, or Minister of Religion.

I, the under signed, certify that _____
Name of Beneficiary/Pensioner

of _____ is alive. He/she having appeared
Address of Beneficiary

before me on *(dd/mm/yyyy)* _____ and executed the order at the foot hereof in my presence.

Phone Number [ ]

TO BE COMPLETED BY THE PERSON GIVING THE CERTIFICATE

Signature of person giving Certificate _____

Certifier's Name (print) _____

Occupation/Office; Title/Stamp _____

Business Address _____

Date signed *(dd/mm/yyyy)* _____

To: Director of Social Security
St. Kitts and Nevis

Please pay to _____
Name of Representative in St. Kitts/Nevis

of _____ the amount due to me as pension
Address of Representative

for the preceding month(s) of [ ]
Name of months for which pension is due

_____ mark or thumb-print is acceptable if unable to write
Signature of Pensioner

Date signed *(dd/mm/yyyy)* [ ]

Revised Form B24 2011