



**SOCIAL SECURITY BOARD  
P.O. BOX 698  
ROAD TOWN, TORTOLA  
BRITISH VIRGIN ISLANDS**

**AGE PENSION LIFE CERTIFICATE**

*This form must be signed in the presence of a witness who must be one of the following: Official or employee of a British Embassy or Consulate, Magistrate, Justice of the Peace, Notary Public, Senior Social Security Official, Senior Bank Official, Clergyman or Physician.*

Full Name of Pensioner \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security Number

Claim Number

Telephone No. \_\_\_\_\_

Signature of Pensioner \_\_\_\_\_

I the undersigned hereby certify that \_\_\_\_\_

whose signature is affixed above was alive on the \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
PROFESSION

\_\_\_\_\_  
DATE

***IMPORTANT: Anyone who knowingly makes or cause to be made a false statement or misrepresentation of a material fact for use in determining a right to payment under the Social Security Ordinance commits a crime punishable by a fine or imprisonment under the laws of the Virgin Islands.***