CONTINUING ELIGIBILITY TO RECEIVE RETIREMENT BENEFIT

IMPORTANT NOTES:

- 1. Payment of Benefits will be suspended if you fail to verify i.e., produce evidence of your continuing eligibility for payments - twice annually.
- 2. If you are younger than 65, a change in circumstances may disqualify you from receiving benefit. Notify NIB in writing as soon as possible after the occurrence of any change that may affect your right to Benefit, otherwise you will be guilty of an offence and liable on summary conviction to a fine not exceeding \$100.

Dat	e of F	Receip	t	

- 3. You do not have to visit NIB to be verified. Other sanctioned authorities who can validate this form are Counsels or Attorneys of the Supreme Court, Public Officers above the rank of Assistant Head of Department, ordained Ministers of Religion, Bank Managers, Magistrates, or Justices of the Peace, who are not members of your immediate family. If you reside outside The Bahamas, the authority may also be Notaries Public, Lawyers, or Chiefs of Police. Return completed forms via: <u>verifications@nib-bahamas.com</u>; or P.O. Box N-7508; or drop off to your nearest NIB Local Office.
- 4. If, for the purpose of obtaining a Benefit, you knowingly make false statements or fail to disclose material information, you shall be liable to a fine not exceeding \$2,500 or to imprisonment for up to 12 months or both [Section 52(5)(b), National Insurance Act]. Additionally, you will be liable to repay any sums you receive as a result of the non-disclosure or misrepresentation, and such sums will be recovered from any future entitlements [Section 31, National Insurance Act].

Pensioner:		First No. 2	
	Surname	First Name	Other Name(s)
N.I. #:		Tel. No:	
Address:	Street	City	/Settlement
		E-mail:	
DANKING INFORMATION (C	omplete only if yo	ou're changing bank account,)————
1. Bank:		2. Branch:	
3. Account No:		4. Account Typ	e: Joint ☐ Personal [
		h and account number must acc	
	-	count complete and sign declar	
	- ·		
		T .1	
Name of Co-signer:		Tel:	
 Fmail:			
		······	
Declaration: I, hereby, c	acknowledge my u	inderstanding that entitlemen	nt to benefit ceases upon the
death of the above-name		efore, any amount deposited i	
1		erty of the National Insurance	
· · ·		rd reserves the right to recove	er the said funds to which the
immediately. The Natio			-
· · ·			-

House /Apt.#	Street	city/settlement		
Island/State		Country		
Telephone No :		P. O. Box/Area Code		
IV. VERIFICATION ———				
1. Employment Status:	Employed 🗌	Self-employed	Une	employed
2. If Employed/Self-emp	<i>loyed,</i> how much c	do you earn Weekly: \$	/ N	1onthly: \$
3. If Employed:				
i. Employer's Name	2:			
ii. Employer's Addre	255:			
iii. Employer's email	:			
iv. Employers Teleph	one No(s):			
v. For how long have	e you worked with	this employer?		
4. What other benefit(s)) are you receiving	from National Insurance?		
		ned authority		
V. DECLARATION BY PEN To be signed in the prese				
To be signed in the prese	ence of the sanction	ned authority lo, hereby, declare that all o		
To be signed in the prese	ence of the sanction	ned authority lo, hereby, declare that all o		
<i>To be signed in the prese</i>	e nce of the sanctio d pest of my knowled	ned authority lo, hereby, declare that all o		mation supplied by m
<i>To be signed in the prese</i> n this form is true to the b	ence of the sanction	ned authority lo, hereby, declare that all o		
To be signed in the prese	ence of the sanction d best of my knowled Mark of Pensioner	<i>ned authority</i> lo, hereby, declare that all o dge and belief."	f the inforr	mation supplied by m
To be signed in the prese	ence of the sanction d best of my knowled Mark of Pensioner	ned authority lo, hereby, declare that all o	f the inforr	mation supplied by m Date
To be signed in the prese	ence of the sanction d best of my knowled Mark of Pensioner	ned authority lo, hereby, declare that all o dge and belief."	f the inforr Witness'	Date
To be signed in the prese	ence of the sanction d best of my knowled Mark of Pensioner	<i>ned authority</i> lo, hereby, declare that all o dge and belief."	f the inforr Witness'	Date
To be signed in the prese	me of the sanction dest of my knowled Mark of Pensioner Name (please print)	ned authority lo, hereby, declare that all o dge and belief."	f the inforr Witness'	Date
To be signed in the prese	mce of the sanction d best of my knowled Mark of Pensioner Name (please print)	ned authority Io, hereby, declare that all o dge and belief." Signature DNED AUTHORITY	f the inforr Witness'	Date Tel: Office Seal or
To be signed in the prese	me of the sanction dest of my knowled best of my knowled best of my knowled best of Pensioner bencioner bencioner:	ned authority Io, hereby, declare that all o dge and belief." Signature DNED AUTHORITY	f the inforr Witness'	Date Tel: Office Seal
To be signed in the prese	mee of the sanction d best of my knowled Mark of Pensioner Name (please print) RATION BY SANCTIC Pensioner:	ned authority Io, hereby, declare that all o dge and belief." Signature DNED AUTHORITY	f the inforr Witness' is alive	Date Tel: Office Seal or
To be signed in the prese	mee of the sanction d best of my knowled Mark of Pensioner Name (please print) RATION BY SANCTIC Pensioner:	ned authority Io, hereby, declare that all o dge and belief." Signature DNED AUTHORITY	f the inforr Witness' is alive	Date Tel: Office Seal or