CONTINUING ELIGIBILITY TO RECEIVE SURVIVOR'S/DEATH 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. 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 \$100.00.

Date of Receipt

- 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:	Surname		First Name	Other Name(s)
N.I. #:		Tel. N	lo:	
Address:	Street		City/Set	ttlement
P. O. Box/Area Code				
	Complete only i	f	ing have been wet	
BANKING INFORMATION (C	Lomplete only i	f you're chang	ling bank account) —	
1. Bank:			Branch:	
Account No:			Account Type: Jo	int Personal
A copy of your bank card/b jointly held, please have co	book showing bro book showing bro	anch and accou count complete	nt number must accon and sign declaration	— — — — — — — — — — — — — — — — — — —
A copy of your bank card/b jointly held, please have co	book showing bro b-signatory to acc 	anch and accou count complete — — — — — — —	nt number must accon and sign declaration i 	npany this form. If accour below: — — — — — — — — — — —
A copy of your bank card/b jointly held, please have co ┌────────	book showing bro b-signatory to acc	anch and accou count complete — — — — — —	nt number must accon and sign declaration in Tel:	npany this form. If accour below:
A copy of your bank card/b jointly held, please have co Name of Co-signer: Email: Declaration: I, hereby, o death of the above-nar ods after his/her death	book showing bro b-signatory to acc acknowledge m me claimant, th remains the pro onal Insurance B	anch and accou count complete y understandin erefore, any a operty of the N	nt number must accon and sign declaration in 	npany this form. If accour below:

III. ADDRESS (Complete only if you moved since last verification) _____

House / Apt.#	S	treet				city/se	ttleme	nt				
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Island/State					(Count	ry					
Telephone No :	P. O. Box/Area Code											
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/. VERIFICATION - SPOUS	-			-								
1. Have you remarried												
2. Employment Status								-				
3. If <i>Employed/Self-er</i>												
4. Employer's Name:												
5. Are you an invalid?				-								
6. Do you have custoo								•			ceased	l's? Yes 🗌 N
7. If "yes", complete s	section be	310W (use b	lank	sheet	for a	dditio	nal n	ames):		
Full Name of		l r	Date o	f	Livi	inσ	Supp	ortod	Attending school full-time?			lame of School
Dependent, Orphan	ed or		birth			•						(if applicable)
Invalid Child		dd	mm	уу	yes	no	yes	no	yes	no		
					-		-		-			
Parent(s)												
1. Employment Status	s: Er	nplov	red□		Self-I	Emple	ovedΓ	7	Un	emple	ovedΓ	7
2. If Employed/Self-er							-					
3. If <i>Employed</i> , Emplo												
4. Are you an invalid?												
]		,				· /		
DECLARATION BY PE	NSIONER	(To b	e sign	ed in	the p	orese	nce of	the s	sanct	ioned	autho	ority) ———
					do, h	ereb	y, dec	lare t	hat al	l of th	ne info	rmation supplied
ne on this form is true t	o the bes	t of m	ny kno	wled	ge an	d bel	ief."					
	of Pension	er					Witnes	s to M	ark			Date
Signature or Mark												
Signature or Mark												
Signature or Mark												
	ARATION	by Sa	NCTIO	DNED	Алт	HORI	ТҮ —				Г	
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I. VERIFICATION DECLA	ntify Pens	ioner	:					i	¥			Office Seal

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Signature	Full Name (Please Print)	Position
Signature	run Name (Please Print)	POSITION