



Consulate General of the Republic of Trinidad and Tobago
125 Maiden Lane, 4th Floor, New York, NY 10038, U.S.A.
Tel.: (212)682-7272 • Fax: (212)232-0368 •
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PENSIONER AND NIS BENEFIT INFORMATION

Government Pensioners

Life Certificates (**for Retired Public and Other Officers, Widows and Orphans**) are to be submitted to Pensions Branch, Treasury Division, Ministry of Finance by April and October of each year.

Section A

This Form must be completed and signed by the Pensioner/Widow/Orphan.

Section B

This Form must be completed, signed and stamped by one of the following ONLY:
Notary Public, Commissioner of Affidavits, a Medical Practitioner, or Manager of a Bank.

The coloured copy of a valid form of Identification is also to be notarized.

Please see a copy of the form hereunder.

National Insurance Benefits Recipients

Recipients of NIB Retirement, Invalidity and Disablement Pensions, Survivors Benefits and Employment Injury Death Benefits are required to submit their Life Certificates twice per year: June and December.

Section A of the Form must be completed by the Beneficiary, i.e. the Recipient. Section B must be completed and signed by one of the following ONLY: Notary Public, Commissioner of Affidavits, a Medical Practitioner, or Manager of a Bank.

The coloured copy of a valid form of Identification is also to be notarized.

DIRECT DEPOSIT FORM

This is an optional form for pensioners who would prefer direct deposit.

Please see a copy of the forms hereunder.

LIFE CERTIFICATE – (Retired Public and Other Officers, Widows and Orphans)
(To be Submitted to Pensions Branch, Treasury Division by April and October of each year)

SECTION 'A' – TO BE COMPLETED BY PENSIONER

- NOTES:**
1. All sections must be fully completed at the time of attestation
 2. Life certificate must be completed by **April** (in respect of the period March to August) and by **October** (in respect of the period September to February)

I
SURNAME

OTHER NAMES

OF

ADDRESS

NATIONAL INSURANCE NO. PENSION NUMBER

am a recipient of a pension from the Government of Trinidad and Tobago
declared thisday of 20.....

.....
Signature or Mark of Pensioner

SECTION 'B' – CERTIFICATE OF ATTESTOR

3. To be attested by a Justice of the Peace, Notary Public, Commissioner of Affidavit, Minister of Religion, Medical Practitioner, Police Officer (not lower than the rank of Sergeant), Magistrate, Attorney at Law, Clerk of the Peace, Head or Deputy Head of Department, Manager of Bank.

I hereby certify that

Mr./Mrs./Miss
NAME OF PENSIONER

is alive and has been seen by me on
D D M M Y Y

He/She has produced identification in the form of

PP DP EID
NUMBER

and to the best of my knowledge and belief is the person entitled to the pension

Attested to thisday of..... 20.....

.....
SIGNATURE OFFICIAL STAMP

NAME OF ATTESTOR

ADDRESS OF ATTESTOR

PROFESSION / RANK OF ATTESTOR

**THE NATIONAL INSURANCE BOARD
LIFE CERTIFICATE**

NI 65

**PLEASE RETURN THE COMPLETED FORM TO YOUR LOCAL OFFICE OR VISIT YOUR LOCAL OFFICE BY
MID-JUNE AND MID-DECEMBER OF EACH YEAR TO ENSURE THAT PAYMENTS CONTINUE**

SECTION "A" - PARTICULARS OF BENEFICIARY (To be completed by Beneficiary)

NAME:

SURNAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NATIONAL INSURANCE NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--

OTHER NAME(S)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BENEFIT NUMBER (Where applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS:

TELEPHONE NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF BENEFIT:

NAME OF BANK/CREDIT UNION:

ADDRESS:

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The information given above is / is not different from that previously given.

*Re: Spouse/Parents Benefit - I have/have not remarried.

*Date of marriage if applicable

YYYY				MM				DD											

*Applicable to survivors and death benefits only.

Declared this _____ day of _____ 20____

SIGNATURE OR MARK OF CLAIMANT

SECTION "B" - CERTIFICATE OF DECLARATION (To be completed by Declarant) (See list overleaf)

I

PLEASE PRINT

of

PRESENT ADDRESS

declare that on

YYYY				MM				DD											

Mr/Mrs/Miss _____ was alive and produced identification in the form of:

PASSPORT DRIVER'S PERMIT ELECT I. D.

NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I make this declaration conscientiously believing same to be true and I am aware I am subject to the process of law for any false or misleading information given.

Declared this _____ day of _____ 20____

SIGNATURE OF DECLARANT: _____

PROFESSION/RANK: _____

**OFFICIAL STAMP
(if any)**

IDENTIFICATION OF DECLARANT:

PASSPORT DRIVER'S PERMIT ELECT I. D. OTHER (Please specify)*below

NUMBER:

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*IDENTIFICATION



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REQUEST FOR DIRECT DEPOSIT - PENSION

SECTION A – PENSIONER INFORMATION

First Name: _____ Last Name: _____

Address : _____

Telephone: (Home) _____ (Cell): _____

E-mail : _____

Valid I.D.: _____

(TYPE, NUMBER, PLACE OF ISSUE, EXPIRATION DATE)

Name of Next of Kin: _____

Relationship: _____ (Contact No.): _____

E-mail: _____

SECTION B – BANKING INFORMATION

Name of Bank: _____

Bank Address: _____

Name(s) on Account: _____

Bank Account No.: _____

Bank Routing No.: _____

Account Type: **Checking** **Savings**

SECTION C - AUTHORISATION

I, _____ (name), hereby authorise the
Consulate General in New York to deposit my pension to the above account.

Date: _____ Signature: _____

Please complete this form and return to the Consulate General at the above address along with a copy of your valid ID.