

LIFE CERTIFICATE

Section 1 – Pensioner / Beneficiary Details

To be completed in the presence of the Witness named in section 2

Your Title:	Your First Name(s):
Your Surname:	
Your UK National Insurance Number:	Your Date of Birth:
Your email address:	
Your contact telephone number (include international dialling code if overseas):	
Your signature:	Date signed:

Section 2 – To be completed by the Witness *

* The Witness must be a certified Lawyer, Justice of the Peace, Doctor, Permanent Civil Servant, Minister of Religion or another Public Notary.

I, _____
(Please insert your name in BLOCK CAPITALS)

Of _____
(Please insert your address)

Hereby certify that _____
(Please insert the Pensioner's / Beneficiary's name)

Is known to me and that I have witnessed their signature affixed above on _____
(Please insert date)

My profession is: _____
(Please fully describe the professional capacity in which you are the Witness, e.g. Lawyer, Justice of the Peace, Doctor, Permanent Civil Servant, Minister of Religion, etc).

Name of Witness's employing organisation: _____

Signature of Witness: _____

Date signed by Witness: _____

To the Pensioner / Beneficiary - send your completed form to:

Email: pensions@rbkc.gov.uk (please ensure it is a clear scan / photo with your original signature clearly visible)

Post: RBKC Pensions Team, 3rd Floor Green Zone, The Town Hall, Hornton Street, London W8 7NX, UK

Phone enquiries: +(44) 020 7361 2323 (9am – 5pm on working days)

WITNESS'S COMPANY STAMP