

Colonial Life Insurance Company (Trinidad) Limited

#29, St. Vincent Street, Port of Spain, Trinidad. West Indies.
 Telephones: 868-623-1421/7; 6186/8; 8277/9;
 Facsimile: 1-868-627-3821

PENSIONER'S CERTIFICATE OF EXISTENCE

Name _____ Telephone No _____
 Address _____ Date of Birth _____
 _____ Government I.D. #/ _____
 _____ Passport # /Driver's Permit #
 _____ Email Address _____

PAYMENT INSTRUCTIONS IF CHANGED

Financial Institution	
Address of Branch	
Account #	

BENEFICIARY INFORMATION IF CHANGED

Name:	Address:
Date of Birth: Sex []	
Relationship:	
Phone:	Email Address:

.....
Pensioner's Signature/ Thumb Print

.....
Date

Note: Certificate must be witnessed by any one of the following:

- | | | |
|----------------------------|-----------------------------|----------------------|
| Medical Practitioner | Attorney at Law | Minister of Religion |
| Justice of the Peace | Notary Public | Bank Official |
| Commissioner of Affidavits | Clico Agent / Clico Officer | |

I hereby certify that the above signature, which was made in my presence, is that of

Mr./Mrs./Miss

Witness

Designation.....

Date.....

Official Stamp of Office