NATIONAL INSURANCE SERVICES
CLAIM FOR AGE BENEFIT/AGE GRANT (CONTRIBUTORY)

Warning: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit commits an offence punishable by fine or imprisonment or both.

My full name is ..................................................................................................................
(Surname) (Other Names)

My National Insurance number is |___|___|___|___|___|___|

My Canadian Social Insurance number is |___|___|___|___|___|___|___|___|___|

Postal Address: ..............................................................................................................
(No. and street, Apt. No.)

.......................................................................................................................... (City, town or village)

Tel. #: |____________|____________|____________|____________|

Sex Male: [ ] Female: [ ]

Marital Status: Married [ ] Single [ ] Widow/widower [ ] Divorced [ ] Common Law [ ]

In support of my application, I attach hereto an original/certified copy of my birth certificate/passport as proof of age.

D  M  Y
Date of birth: |_____|_____|_____|

Also attached is an original/certified copy of my marriage certificate as proof of my marriage.
Kindly send/do not send my pension to my bank account or credit union.
* My bank account/credit union number is
..................................................................................................................

My next of kin is Mr./Mrs./Miss
..........................................................................................................................

Kindly ask your next of kin to contact the NIS Office in the event of your death.

Form OAP/AG (Revised October 1998)
Employment Information
My last/present employer’s name and address were/are:
........................................................................................................
Address ...........................................................................................................................
(No. and street, Apt. No.)
..........................................................................................................................
(City, town or village)
Tel. #: ____________________________

Have you worked in any other CARICOM countries? ( ) yes ( ) no. If ‘yes’ kindly list below.

NAMES OF COUNTRIES AND COMPANIES Period of employment
FROM: dd/mm/yy TO: dd/mm/yyyy
1) .............................................................................................................................
2) .............................................................................................................................
3) .............................................................................................................................
4) .............................................................................................................................
5) .............................................................................................................................

Have you ever worked or lived in a country other than Saint Vincent and the Grenadines? ( ) yes ( ) no. If yes kindly list below

<table>
<thead>
<tr>
<th>Name of country</th>
<th>Social Insurance number in that country</th>
<th>Residence</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y-M</td>
<td>Y-M</td>
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</tbody>
</table>

I declare that the foregoing statements are true to the best of my knowledge and belief.

Signature of Claimant .................................................................

If unable to sign, mark ‘x’ and have it witnessed by a Lawyer, Justice of the Peace, Medical
Doctor, Notary Public, Permanent Civil Servant, Police Office (above the rank of Inspector).

Signature of witness: .................................................................
Name of witness: .................................................................
Profession or occupation: ..........................................................
Address: .................................................................
Date: .................................................................
D-M-Y

Please complete fully and send immediately to the National Insurance Office. Failure to
apply within 3 months of the date of your 60th birthday may mean loss of some benefit.
Delete whichever is not applicable