

## 2024 Life Certificate

I certify that I am the pensioner / have power of attorney for the pensioner named below.

 Full name of pensioner:

 Address of pensioner:

 Full name of attorney

 (if applicable):

 Signature of pensioner

 (or attorney if applicable):

## WITNESS DECLARATION

I certify that:

- I have today seen the pensioner named above.
- The pensioner lives at the above address.
- I am not a relative, warden or home help of the pensioner named above.
- I do not live at the same address as the pensioner.
- This form was signed in my presence by the pensioner (or attorney).

Full name of witness:	
Address of witness:	
Signature of witness:	
Date:	

web: <u>www.worcestershirepensionfund.org.uk</u> email: <u>pensions@worcestershire.gov.uk</u> Worcestershire Pension Fund, County Hall, Spetchley Road, Worcester, WR5 2NP