

**UNIVERSITY OF EDUCATION, WINNEBA**  
**GHANA UNIVERSITY STAFF SUPERANNUATION SCHEME (GUSSS)**  
**LIFE CERTIFICATE**

**DECLARATION**

1. I hereby declare that I am the pensioner named below and that I am alive this ..... day of .....20...
2. This declaration is given to enable the monthly Pension due to me from the UEW GUSSS for the period ..... To .....to be paid.
  - a) Name of Pensioner.....
  - b) Year of Pension.....
  - c) Postal Address.....  
.....
  - d) Mobile No.....
  - e) E-mail Address.....  
UEW Mail Address (If any).....
  - f) Post held.....
  - g) Department/ Section.....
  - h) Signature/ Thumbprint.....
  - i) Bankers.....  
Bank Account.....Branch .....

**CERTIFICATE**

I hereby certify that the following declaration and signature were made by the above-named person in my presence this day and that I believe the declarant to be the pensioner named above.

- a) Name.....
- b) Designation.....
- c) Address.....  
.....
- d) Signature.....
- e) Date.....
- f) Phone No. ....

This form may be certified by any of the following

1. Employer or his representative
2. Senior Public or Civil Servant
3. Lawyer/Magistrate/Judge