



**DEPARTMENT OF
LABOUR & PENSIONS**
CAYMAN ISLANDS GOVERNMENT

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KY1-1105
Grand Cayman
Tel: 345- 945-8960 Fax: 345- 945-8961

SWORN AFFIDAVIT

I _____, hereby confirm the following to be true to the best of my knowledge. *(Please tick one or more of the options below as is applicable.)*

- That I have ceased employment effective _____.
I understand that my pension retirement disbursement can be ceased if I resume employment before age 60.
- That I am departing the Cayman Islands effective _____.
- I do not intend to return to the Cayman Islands to seek gainful employment.
- That I am not currently the holder of a Work Permit and do not have an application for a Work Permit submitted that is pending approval.
- That all earnings that I have are not pensionable as per the National Pensions Law 2012 (Revision).

Signed: _____

Date: _____

Notarized by: _____

Date _____