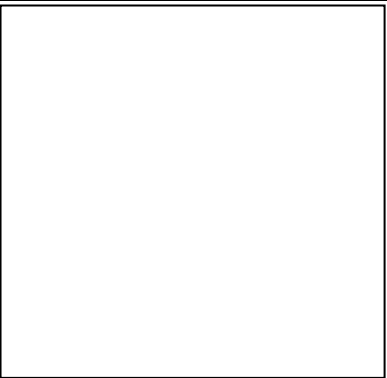


UPDATE and ID APPLICATION FORM
PNP TRANSFEREE



- A beneficiary upon death of the retiree who either compulsory, optionally or TPPD retired from the service.

Note:

This form is deemed not submitted if some spaces are not filled up. Put N/A as the case may be. Non-submission will hold the release of the subsequent regular pension. This is for the conduct of inventory of pensioners nationwide.

1. Transferee's Data:

LAST NAME	FIRST NAME	MIDDLE NAME	QUALIFIER
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2. Date of Birth (Mo, Day, Year)	3. Age	4. Postal (ZIP) Code	5. Telephone No. (Indicate Area Code)
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(House No, Street, Municipality, Province)

6. Address:	7. Religion	8. Citizenship	9. Sex (Check box <input type="checkbox"/> Male <input type="checkbox"/> Female)
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10. Weight: (kg)	11. Height (cm)	12. Blood Type
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13. Color of Eyes	14. Color of Hair	15. Other Identifying Marks
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16. Relationship to the Deceased PNP Personnel:

<input type="checkbox"/> Wife	<input type="checkbox"/> Daughter	<input type="checkbox"/> Father	<input type="checkbox"/> Illegitimate child
<input type="checkbox"/> Husband	<input type="checkbox"/> Son	<input type="checkbox"/> Mother	<input type="checkbox"/> Others (allottee/guardian/CLW)

17. If surviving spouse, have you re-married? Yes No
 18. If daughter/son, are you beyond eighteen (18) yrs old? Yes No
 19. If allottee, guardian, common-law-wife state in the space below the reason to be the recipient.

20. Are you receiving monthly pension? (Check box) Yes <input type="checkbox"/> No <input type="checkbox"/>	21. How much is the present amount? P _____	22. How do you receive your pension? (Check Box) <input type="checkbox"/> Local Pick-up <input type="checkbox"/> RFSO <input type="checkbox"/> Authorized Rep <input type="checkbox"/> Thru Banks (Indicate name of bank) _____
23. If yes, since when? _____		

24. Are you also receiving pension from: GSIS Yes No AFP Yes No NAPOLCOM Yes No
 Others _____

Deceased PNP Retiree Data

25. (Rank, Last Name, First Name, Middle Name, Qualifier)

26. Date entered service to the PNP	27. Date retired from the PNP	28. Date of death	29. Mode of retirement from the PNP (Check box) <input type="checkbox"/> Compulsory <input type="checkbox"/> TPPD <input type="checkbox"/> Optional <input type="checkbox"/> Others _____
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30. Retirement Authority (General Order No. and Date):

I certify that the information herein are true and correct to the best of my knowledge. I have affixed my signature and/or thumbmark to attest to its truthfulness and correctness; thereby, I may be held liable for prosecution on any misrepresentation hereof.

Left	Right
<input style="width: 100px; height: 50px;" type="text"/>	<input style="width: 100px; height: 50px;" type="text"/>

Signature of Pensioner

Date Signed

DO NOT FILL-UP THE BOX BELOW:

Verified By:	Reviewed By:	Approved By: