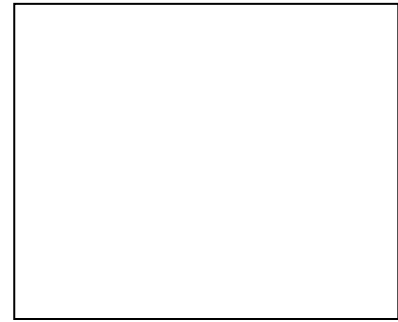


# INP SURVIVOR

- A beneficiary upon death of INP member while in the active 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. Survivor's Data:**

LAST NAME		FIRST NAME		MIDDLE NAME		QUALIFIER
2. Date of Birth (Mo, Day, Year)	3. Age	4. Postal (ZIP) Code		5. Telephone No. (Indicate Area Code)		
6. Address: (House No, Street, Municipality, Province)						
7. Religion		8. Citizenship		9. Sex (Check box) <input type="checkbox"/> Male <input type="checkbox"/> Female		
10. Weight: ( kg )		11. Height (cm)		12. Blood Type		
13. Color of Eyes		14. Color of Hair		15. Other Identifying Marks		
16. Are you the legitimate surviving spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Date of Marriage:		18. Place of Marriage:		
19. Have you re-married? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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 <input type="checkbox"/> Yes <input type="checkbox"/> No AFP <input type="checkbox"/> Yes <input type="checkbox"/> No NAPOLCOM <input type="checkbox"/> Yes <input type="checkbox"/> No Others _____						

**Deceased INP Personnel Data**

25. (Rank, Last Name, First Name, Middle Name, Qualifier)	
26. Date entered service:	27. Date of death:
28. 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	
		Signature of Pensioner
		Date Signed

**DO NOT FILL-UP THE BOX BELOW:**

Verified By:	Reviewed By:	Approved By: