

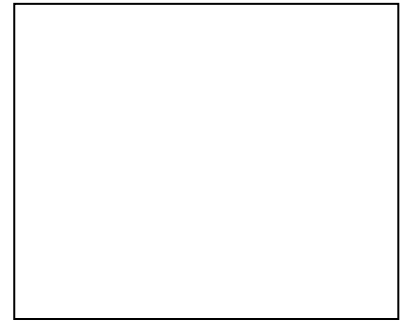
**UPDATE and ID APPLICATION FORM**

# INP TRANSFEREE

- A beneficiary upon death of INP 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. 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)		
(House No, Street, Municipality, Province)						
6. Address:						
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:		NAPOLCOM <input type="checkbox"/> Yes <input type="checkbox"/> No		
		GSIS <input type="checkbox"/> Yes <input type="checkbox"/> No AFP <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: