

**UPDATE and ID APPLICATION FORM**

# PNP RETIREE

(COMPULSORY)

**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. Principal Pensioner Personal Data:**

LAST NAME		FIRST NAME		MIDDLE NAME		QUALIFIER
2. Pensioner's Rank	3. Date of Birth (Mo, Day, Year)	4. Age	5. Postal (ZIP) Code	6. Telephone No. (Indicate Area Code)		
(House No, Street, Municipality, Province)						
7. Address:						
8. Religion	9. Civil Status (Check box) <input type="checkbox"/> Single <input type="checkbox"/> Widower <input type="checkbox"/> Married <input type="checkbox"/> Separated		10. Citizenship	11. Sex (Check box) Male <input type="checkbox"/> Female <input type="checkbox"/>		
12. Weight: ( kg )	13. Height (cm)		14. Blood Type			
15. Color of Eyes	16. Color of Hair		17. Other Identifying Marks			
18. Date entered service	19. Date Retired	20. Mode of retirement (Check box) <input type="checkbox"/> Compulsory Retirement <input type="checkbox"/> TPPD <input type="checkbox"/> Optional Retirement <input type="checkbox"/> Others (specify) _____				

21. Retirement Authority (General Orders No. and Date): \_\_\_\_\_

22. Are you receiving monthly pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If yes, how much is the present amount? P _____	24. 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) _____
25. If yes, since when? _____		

26. Have you allotted part of your pension to another?  Yes     No  
If yes, state the name of the allottee/ guardian/ common-law-wife and reason for allotment

(Last Name, First Name, Middle Name, Qualifier)	Address	Relationship	Reason

27. Person to be notified in case of emergency:	Name	Relationship
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28. Are you also receiving pension from: GSIS  Yes  No    AFP  Yes  No    NAPOLCOM  Yes  No    Others \_\_\_\_\_

**BENEFICIARY/IES DATA (order of precedence)**

I. Spouse legally married to the retiree while still in the service; legitimate, legitimated, legally adopted, illegitimate children born while in the active service

II. Parents

29. Names of beneficiaries (Last Name, First Name, Middle Name, Qualifier)	Address	Date of Birth	Civil Status	Relationship

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	<div style="border: 1px solid black; width: 100%; height: 50px; margin-bottom: 5px;"></div> Signature of Pensioner	_____ Date Signed
<div style="border: 1px solid black; width: 100%; height: 50px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 100%; height: 50px; margin-bottom: 5px;"></div>		

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

PAIS Verified By:	Reviewed By:	Approved By: