

UPDATE and ID APPLICATION FORM

PNP RETIREE

(OPTIONAL)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | |
| 28. Are you also receiving pension from: | | | GSIS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | NAPOLCOM <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | AFP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | 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 |
| | |

Signature of Pensioner

Date Signed

DO NOT FILL-UP THE BOX BELOW:

| | | |
|--------------|--------------|--------------|
| Verified By: | Reviewed By: | Approved By: |
| | | |