

UPDATE and ID APPLICATION FORM

PNP SURVIVOR

- A beneficiary upon death of the member of the PNP 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
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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	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"/>	22. How much is the present amount? P _____	23. How do you receive your pension? (Check Box) <input type="checkbox"/> ATM <input type="checkbox"/> RFSO If ATM (Indicate LBP Branch) _____ If Check (What RFSO?) _____
21. If yes, since when? _____		

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

Deceased PNP Member Data

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

26. Date entered service:	27. Last Unit Assignment	28. Date of Death:
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29. Retirement Authority (General Order No. and Date):

30. Person to be Notified in case of emergency:	Name:	Relationship:	Contact Number:
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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:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>

Signature of Pensioner

Date Signed

DO NOT FILL-UP THE BOX BELOW:

Verified By:	Reviewed By:	Approved By:
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