

UPDATE and ID APPLICATION FORM

PNP RETIREE

(T P P D)

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.

NATURE OF AILMENT: _____

1. Principal Pensioner Personal Data:

LAST NAME	FIRST NAME	MIDDLE NAME	QUALIFIER
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2. Pensioner's Rank	3. Date of Birth (Mo, Day, Year)	4. Age	5. Postal (ZIP) Code	6. Telephone No. (Indicate Area Code)
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(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"/>
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12. Weight: (kg)	13. Height (cm)	14. Blood Type
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15. Color of Eyes	16. Color of Hair	17. Other Identifying Marks
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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) _____
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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) _____
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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 <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 _____
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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:
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