

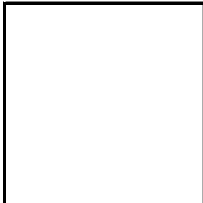
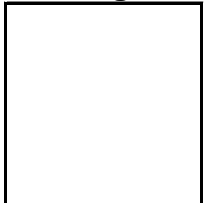

PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION

245 Banawe St., Quezon City

INFORMATION SHEET FOR BENEFICIARIES (To be accomplished by Claimant/Beneficiary of Legal Age)

- 1 Name of Claimant/Beneficiary _____
- 2 Present Address _____
- 3 Date of Birth _____ Age _____ Status _____
- 4 Occupation _____ Place of Business/Employment _____
- 5 Name of Deceased Member _____
- 6 Cause of Death _____ Date of death _____
- 7 Name of Parents of the Deceased : _____
(Indicate if parents are already deceased) Father _____
Mother _____
- 8 Your relationship with the deceased: _____
- 9 Name of surviving Husband/Wife of deceased: _____
- 10 State number and names of children of the deceased:
- | <i>Alive</i> | <i>Date of Birth</i> | <i>Deceased</i> |
|--------------|----------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- *If the space provided is not enough, please continue at the back.*
- 11 State name of beneficiaries who are minors. (below 18 years old)
- _____
- _____
- 12 Minor children under the custody of their : _____
Father _____
Mother _____

I hereby certify that the foregoing facts are true and correct. Further, I understand that upon receipt of the proceeds of this claim, the PPSTA shall be released and forever discharged from any liability whatsoever arising from the membership of the deceased with PPSTA.

Thumbmarks		
Left	Right	ID Picture
		

Beneficiary's Signature

Contact Number/s

E-mail address

**Please ensure that your signature in this form is similar with your signature in the two (2) valid IDs that you will submit.*

