

Type of Application: **Transfer of Pension**

Unit in Charge: **Pensioners' Assistance Unit (PAU, AFPPGMC)**

- Eligible for the Claim:
1. Surviving Spouse
  2. Surviving Children (below 21 years old)
  3. Surviving parents (If the deceased is single and has not sired any child/ren)
  4. Surviving unmarried siblings (If the deceased is single and has not sired any child/ren; and the parents are already deceased)

Note: Kindly secure and complete documentary requirements as applicable.

<b>General Instructions:</b>	
<ul style="list-style-type: none"> <li>• <b>SUBMIT THREE (3) FOLDERS</b>, One (1) Original and Two (2) Photocopies</li> <li>• Whenever any discrepancy exists on name, birth date and other information, submit an <u>Affidavit of 2 Disinterested Persons or Correction of Entry</u> on the civil registry document (Birth / Marriage / Death Certificate), whichever is applicable</li> <li>• Incomplete submission shall NOT be entertained             <ul style="list-style-type: none"> <li>○ Transact only with authorized employees from AFPPGMC. <b>Beware of FIXERS.</b> (Republic Act 9485 (Anti-Red Tape Law) imposes stiff penalties on fixers, such as imprisonment of as long as six (6) years, or fine of up to P200,000, or both.)</li> </ul> </li> <li>• Submission of <b>FAKE DOCUMENTS</b> will be prosecuted for Falsification of Public Documents and violation Section 34 of PD 1638.</li> </ul>	

REQUIREMENTS		WHERE TO SECURE
<b>A</b>	<b>BASIC DOCUMENTS</b>	
1	Duly Accomplished Application Form	PAU, AFPPGMC, Regional Satellite Unit (RSU) or can be downloaded at <a href="https://afppgmc.com/">https://afppgmc.com/</a>
2	Duly Notarized Affidavit of Surviving Legal Heirs	
3	Duly Notarized Affidavit	
4	Duly Authenticated Retirement Order	NRD, OTAG or can be coordinated with RSU to facilitate request to Office the Adjutant General (OTAG) thru PAU
5	Duly Authenticated Certificate of Beneficiaries Purpose: Transfer of Pension/PGMC)	
6	PSA Death Certificate of Pensioner	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) with Official Receipt (OR)
7	Photocopy of Retired Pensioner's Identification Card or Affidavit of Loss	Applicant / Notary Public
8	Stoppage of Monthly Pension Form	PAU, AFPPGMC, Regional Satellite Unit (RSU) or can be downloaded at <a href="https://afppgmc.com/">https://afppgmc.com/</a>
<p><b>NOTE:</b> For <b>applicant/beneficiary ages 70 years old and above</b>, submit only <b>1, 4, 6, and 8</b> under Tab A. Requirements under other tabs are the same.</p>		

<b>B</b>	<b>IF MARRIED (WITHOUT CHILDREN BELOW 21 YEARS OLD)</b>	
1	PSA Marriage Certificate of Deceased Pensioner and his/her Spouse	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) with Official Receipt (OR)
2	PSA CRS Form #5 (Advisory on Marriages) of both Pensioner and Surviving Spouse	

<b>C</b>	<b>IF MARRIED (WITH CHILDREN BELOW 21 YEARS OLD)</b>	
1	PSA Marriage Certificate of Deceased Pensioner and his/her Spouse	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) with Official Receipt (OR)
2	PSA CRS Form #5 (Advisory on Marriages) of both Pensioner and Surviving Spouse	
3	PSA Birth Certificate/s of Children below 21 years old	
4	If with minor children (7 years below) - Affidavit of Guardianship	Notary public
5	If legal guardian is not the natural parent - Certification from Barangay and DSWD	Barangay Hall / DSWD
6	PSA CRS #4 (CENOMAR) of children ages 18 - 20 years old	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) with Official Receipt (OR)

<b>D</b>	<b>IF SINGLE (WITH CHILDREN BELOW 21 YEARS OLD) – CHILD/REN APPLICANT</b>	
1	PSA CRS #4 (CENOMAR) of Deceased Pensioner	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) with Official Receipt (OR)
2	PSA Birth Certificate/s of Child/ren below 21 years old	
3	If with minor children (7 years below) - Affidavit of Guardianship	Notary public
4	If legal guardian is not the natural parent - Certification from Barangay and DSWD	Barangay Hall / DSWD
5	PSA CRS #4 (CENOMAR) of children ages 18 - 20 years old	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) with Official Receipt (OR)

<b>E</b>	<b>IF SINGLE (WITHOUT CHILDREN) - PARENT/S APPLICANT</b>	
1	PSA CRS #4 (CENOMAR) of Deceased Pensioner	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) with Official Receipt (OR)
2	PSA Birth Certificate of Deceased Pensioner	
3	PSA Marriage Contract of Surviving Parents	
4	PSA Birth Certificates of Parents	
5	Affidavit of 2 Disinterested Persons that Pensioner did not sire any child/ren	Notary Public

<b>F</b>	<b>IF SINGLE (WITHOUT CHILDREN, DECEASED PARENT/S) - UNMARRIED SIBLING/S APPLICANT</b>	
1	PSA Birth Certificate of Deceased Pensioner	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) with Official Receipt (OR)
2	PSA Marriage Contract of Deceased Parents	
3	PSA Death Certificates of Deceased Parents	
4	PSA Birth Certificates of Deceased Parents	
5	PSA Birth Certificate of all the qualified Siblings of Deceased Pensioner	
6	PSA CRS FORM #4 (CENOMAR) of Deceased Pensioner and ALL claimant siblings	
7	Affidavit of 2 Disinterested Persons that Pensioner did not sire any child/ren	Notary Public

<b>G</b>	<b>ADDITIONAL REQUIREMENT IF APPLICATION IS MORE THAN 3 YEARS</b>	
1	Affidavit of Delay/ Explanation/ Late Filing	Notary public

<b>H</b>	<b>ADDITIONAL REQUIREMENTS FOR MUSLIM PENSIONERS</b>	
1	If with multiple marriages – Proof of Surviving Legal Heirs indicating all the wives and children /Notarized Affidavit of Marriage	Tribe Leaders /Notary public
2	If with only one (1) spouse - Notarized Affidavit that her husband has no other marriages/wife	Notary public

<b>I</b>	<b>ADDITIONAL REQUIREMENTS FOR DUAL CITIZEN PENSIONERS/ BENEFICIARY APPLICANT</b>	
1	Oath of Allegiance	Philippine Embassy/ Consulate / Department of Foreign Affairs
2	Order of Approval of Citizenship Retention and Re-acquisition	
3	Identification Certificate	
4	Certificate of Naturalization	Immigration & Naturalization Services of Foreign Country

<b>J</b>	<b>ADDITIONAL REQUIREMENTS IF DOCUMENTS SUBMITTED IS FROM FOREIGN COUNTRIES</b>	
1	Apostille Certificate or Red Ribbon	Foreign Affairs/ State Office/ Consular or Embassy

<b>K</b>	<b>REQUIREMENTS FOR OPENING OF PENSION ACCOUNT</b>	
1	Copy of Declaration of Legal Beneficiary issued by DBB or JAGO	PAU AFPPGMC or Regional Satellite Unit (RSU)
2	Letter of Introduction	AFP Finance Center or RSU
3	Pension Account (LBP/DBP/PVB)	Bank
4	Beneficiary ID issued by OTAG	OTAG, AFP



**ARMED FORCES OF THE PHILIPPINES**  
**PENSION AND GRATUITY MANAGEMENT CENTER**  
 Camp General Emilio Aguinaldo, Quezon City

Folder Nr \_\_\_\_\_

**APPLICATION FOR TRANSFER OF PENSION**  
 (SURVIVING HEIRS / LEGAL SPOUSE AND/OR CHILDREN below 21 /  
 PARENTS / UNMARRIED SIBLINGS)



*(Read instructions at the back of the form before filling-up the application.  
 Print information in capital letters and use **BLUE INK** only.)*

I. DECEASED MILITARY PERSONNEL'S INFORMATION			
<b>AFPSN</b>	<b>NAME</b> (Surname) (Given Name) (Middle Name)		
<b>DATE OF BIRTH</b> (dd-mm-yyyy)	<b>DATE OF DEATH</b> (dd-mm-yyyy)	<b>RETIREMENT/SEPARATION Date</b> (Retirement Order Nr/Authority)	
<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CIVIL STATUS (before death)</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated		<b>RELIGION</b>
II. SURVIVOR OR CLAIMANT'S INFORMATION			
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>RELIGION</b>
<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CIVIL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated		<b>DATE OF MARRIAGE</b> (dd-mm-yyyy)
<b>DATE OF BIRTH</b> (dd-mm-yyyy)	<b>AGE</b>	<b>CELLPHONE NR</b>	<b>EMAIL ADDRESS</b>
<b>MAILING ADDRESS</b> (Nr/Street/Subdivision/Barangay/Municipality/City/Province/Zip Code)			<b>RELATIONSHIP TO DECEASED MIL PERSONNEL</b>
III. REPRESENTATIVE'S INFORMATION <i>(If submission is not by personal appearance of claimant)</i>			
<b>MR/MRS/MS</b>	<b>NAME</b> (Surname) (Given Name) (Middle Name)		
<b>ADDRESS</b> (Number, Street & Subdivision) (Barangay) (Town/District) (City/Province)			<b>POSTAL CODE</b>
<b>DATE OF BIRTH</b> (dd-mm-yyyy)	<b>GENDER</b>	<b>RELATIONSHIP TO DECEASED MILITARY PENSIONER</b>	
<b>TIN/SSS/GSIS/GOVT ID</b>	<b>CONTACT NUMBER</b>	<b>SIGNATURE</b>	
----- PERFORATE HERE -----			
<p><b>AFP PENSION AND GRATUITY MANAGEMENT CENTER</b>  <b>APPLICATION FOR TRANSFER OF PENSION</b>  <b>ACKNOWLEDGMENT STUB</b></p>		<b>RECEIVED BY:</b>	
		<b>FOLDER NR:</b>	<b>SIGNATURE OVER PRINTED NAME</b>
PLEASE PRESENT THIS WHEN INQUIRING ABOUT THE STATUS OF YOUR APPLICATION. VERIFICATION WILL BE ENTERTAINED AFTER _____ DAYS FROM THE DATE OF RECEIPT. YOU MAY VERIFY THRU AFPPGMC TRUNKLINE: 281-8078.		_____ RECEIVING BRANCH	
		<b>NAME OF CLAIMANT</b> (Surname) (Given Name) (M.I.)	
<b>NAME OF DECEASED PENSIONER</b> (Surname) (Given Name) (M.I.)			

#### IV. CERTIFICATION

I, \_\_\_\_\_ DO CERTIFY THAT THE INFORMATION I HAVE PROVIDED ARE TRUE AND CORRECT, AND I FURTHER CERTIFY THAT:

1. I am the surviving (legal spouse, legitimate / illegitimate child, surviving parent (mother/father), OR surviving unmarried sibling (brother/sister) of the deceased military personnel;
2. I have not filed any previous application for transfer of pension;
3. I will immediately notify the AFPPGMC in case of change in my civil status (single to married or widow/er to married); and
4. Once my application is processed and approved, I will update my pensioner's account at AFPPGMC, CGEA, QC or any of its satellite offices, during my birth month or birth date. Failure to do would mean automatic holding of pension by the AFPPGMC.

\_\_\_\_\_  
**SIGNATURE OF CLAIMANT**

\_\_\_\_\_  
**DATE**

*(If claimant cannot sign, fingerprints should be witnessed by two (2) persons)*

#### WITNESSES TO FINGERPRINTS

*Please affix signature over printed name and indicate date.*

1. \_\_\_\_\_

2. \_\_\_\_\_

Left Thumb	Right Thumb

#### FOR AFPPGMC USE

##### SUBMISSION:

- Personal Appearance  
 Others (Specify)  
\_\_\_\_\_  
\_\_\_\_\_

##### SUBMITTED BY:

**(Claimant/Authorized Representative)**  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OVER PRINTED NAME      DATE

##### RECEIVED BY:

**(AFPPGMC Personnel)**  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OVER PRINTED NAME      DATE

#### WARNING

**DIRECT OR INDIRECT COMMISSION OF FRAUD, COLLUSION, FALSIFICATION, MISREPRESENTATION OF FACTS, OR ANY OTHER KIND OF ANOMALY IN THE ACCOMPLISHMENT OF THIS FORM, OR IN OBTAINING ANY BENEFIT UNDER THIS APPLICATION SHALL BE SUBJECT TO CRIMINAL AND/OR ADMINISTRATIVE ACTION (SECTION 34, PD 1638, series of 1979).**

**ANY PERSON WHO CONTINUOUSLY RECEIVES MONTHLY PENSION DESPITE DEATH, OR RE-MARRIAGE (FOR SURVIVING SPOUSE), OR UPON REACHING TWENTY-ONE (21) YEARS OF AGE OR MARRIAGE BEFORE REACHING 21 (FOR SURVIVING CHILDREN), OR MARRIAGE (FOR SURVIVING UNMARRIED SIBLINGS) SHALL BE CRIMINALLY LIABLE UNDER PD 1638.**

#### INSTRUCTIONS

1. Fill the blanks completely and correctly.
2. Accomplish ONE (1) copy of this form from Parts I TO IV without erasures or alterations.
3. Write NONE or NOT APPLICABLE, if it is such, according to your circumstance/application.
4. Support date of birth, marriage or death with original or certified true copy of civil registry document (birth/marriage/death certificate) duly registered with the Philippine Statistics Authority (PSA) /Local Civil Registrar Office/Parish/Church, with Official Receipt (OR). For deceased military pensioner who died abroad, death certificate should be duly registered with the Vital Statistics Office of the country where s/he died.
5. Attach your recent 2 x 2 photo.
6. Affix your fingerprints (right and left thumb) on the portions provided for in the application form. In case the claimant could not sign, fingerprints should be witnessed by two (2) persons, at least one (1) of whom is an AFPPGMC personnel.
7. Present Acknowledgment Stub with one (1) valid ID.
8. Present original and submit photocopy of identification cards.

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

**AFFIDAVIT OF SURVIVING LEGAL HEIRS  
(LEGAL SPOUSE/SURVIVING CHILD/REN BELOW  
21/PARENTS/UNMARRIED SIBLINGS)**

After having been duly sworn in accordance with law, I/We hereby depose and state as follows:

1. Name in full of deceased military pensioner/retiree \_\_\_\_\_;
2. Residence of deceased at the time of death \_\_\_\_\_;
3. Date and place of birth of deceased \_\_\_\_\_;
4. Date and place of death of deceased \_\_\_\_\_.

**I. DECLARATION OF SURVIVING HEIRS**

The deceased is survived by the following heirs:

- a) Widow or widower \_\_\_\_\_

I, \_\_\_\_\_ (name of widow/widower), have not remarried since the death of my spouse. I will immediately inform AFPPGMC of any change in my civil/marital status, or that of my child/ren. I acknowledge that, if granted, my entitlement to transfer of pension from the AFPPGMC will automatically and permanently terminate the moment that I re-marry.

- b) Children (include ALL children, whether legitimate or illegitimate. In the absence of any child/ren in any of the categories, indicate NONE.)

NAME	DOB	ORDER OF BIRTH	LEGITIMATE / ILLEGITIMATE

I/We are legally single. I/We will immediately inform AFPPGMC of any change in my/our civil/marital status. I/We acknowledge that, if granted, my/our entitlement to transfer of pension from the AFPPGMC will automatically and permanently terminate the moment that I/we marry before I/we reach 21 years of age.

- c) Father and Mother of the deceased who died single, in the absence of child/ren:

\_\_\_\_\_

- d) Brothers and Sisters of the deceased who died single, in the absence of persons under items (b) and (c) above:

NAME	DOB	ORDER OF BIRTH	RELATIONSHIP (FULL OR HALF BROTHER OR SISTER)

I/We are legally single. I/We will immediately inform AFPPGMC of any change in my/our civil/marital status. I/We acknowledge that, if granted, my/our entitlement to transfer of pension from the AFPPGMC will automatically and permanently terminate the moment that I/we marry.

**II. OTHER IMPORTANT DECLARATIONS (COMMON TO ALL AFFIANTS)**

Pursuant to the declarations made above, I hereby agree unconditionally to reimburse/return to the AFPPGMC, without need of demand or judicial action, all pension benefits that I may unduly receive after my entitlement is terminated as stated above.

I/We hereby authorize the AFPPGMC to secure information from the Philippine Statistics Authority (PSA), or other relevant government offices, or private entities, including religious organizations, to validate or counter-check the facts herein declared.

I/We fully understand that any submission of fake or spurious document/s or provision of inaccurate and untruthful statement in this Affidavit shall render me/us criminally and civilly liable, and can result in the automatic denial of my/our application.

I/We fully agree that the written statements, affidavits or all other papers made/submitted in relation to my/our claim before the AFPPGMC shall constitute and be made part of this document.

That I/We are executing this Affidavit to attest to the truth and veracity of the foregoing statements in support of my/our application with the AFPPGMC for Transfer of Pension and for all legal intents and purpose that it may serve.

IN WITNESS WHEREOF, we have hereunto set our hands \_\_\_ day of \_\_\_\_\_, 20 \_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Legal Spouse - Affiant/Child-Affiant  
Govt ID/Date and Place of Issue: \_\_\_\_\_ Govt ID/Date and Place of Issue: \_\_\_\_\_

\_\_\_\_\_  
Child-Affiant  
Govt ID/Date and Place of Issue: \_\_\_\_\_

\_\_\_\_\_  
Child-Affiant  
Govt ID/Date and Place of Issue: \_\_\_\_\_

\_\_\_\_\_  
Parent/Brother/Sister - Affiant  
Govt ID/Date and Place of Issue: \_\_\_\_\_

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

**ACKNOWLEDGMENT**

BEFORE ME, a Notary Public for and in the (Province/City/Municipality) of \_\_\_\_\_, personally appeared the following person/s, with their respective Competent Evidence of Identity (CEI), as follows:

NAME	Government/AFP ID No	Date and Place of Issue / Expiry

all known to me and to me known to be the same person/s who executed the foregoing instrument which they acknowledged to me to be his/her/their free and voluntary act and deed, consisting of only ( ) page/s, including this page in which this Acknowledgment is written, duly signed by him/her/them and his/her/their instrumental witnesses on each and every page hereof.

WITNESS MY HAND AND SEAL this \_\_\_\_\_ at \_\_\_\_\_, Philippines.

**NOTARY PUBLIC**

REPUBLIC OF THE PHILIPPINES

)  
) S. s

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Unit/Office: \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)  
of legal age, Filipino, \_\_\_\_\_ and with postal address at \_\_\_\_\_  
(CIVIL STATUS) (COMPLETE ADDRESS)

under oath depose and say, that:

1. I am the \_\_\_\_\_ of \_\_\_\_\_  
(RELATIONSHIP) (BRANCH) (FIRST NAME)

\_\_\_\_\_  
(MIDDLE NAME) (LAST NAME) (SERIAL NUMBER) (BR. OF BRVCI)

2. The information I have written on the Pensioner's Update Form (PUF) are true and correct;

3. The documentary requirements I attached herewith which all bear my signature relative to my application for: (PLEASE CHECK ON THE LINE THE TYPE OF YOUR APPLICATION)

- |                                                   |                                                             |
|---------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Lumpsum Pension          | <input type="checkbox"/> Right Years' Claim                 |
| <input type="checkbox"/> Resumption of Pension    | <input type="checkbox"/> Pension Differential               |
| <input type="checkbox"/> Transfer of Pension      | <input type="checkbox"/> Inclusion of Dependent/Beneficiary |
| <input type="checkbox"/> Incorporation of Pension | <input type="checkbox"/> Disqualification of Pensioner      |
| <input type="checkbox"/> Restoration of Pension   | <input type="checkbox"/> Correction of Entry on PenMIS      |
| <input type="checkbox"/> Commutation              | <input type="checkbox"/> Other: (PLEASE SPECIFY)            |
| <input type="checkbox"/> Monies                   |                                                             |

are genuine and duly issued by the Office having competent authority to do so under the existing law, rules and regulations thereto.

I am fully aware that I may be criminally charged and be held liable for false testimony or perjury for any misrepresentation and caused the denial of the application mentioned above.

IN WITNESS WHEREOF, I hereby affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in \_\_\_\_\_, Philippines.

\_\_\_\_\_  
Affiant

CP or Landline No: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in \_\_\_\_\_ after

exhibiting to me by the Affiant his/her \_\_\_\_\_ Identification Card bearing ID No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

**ADMINISTERING OFFICER**

Doc No \_\_\_\_\_  
Page No \_\_\_\_\_  
Book No \_\_\_\_\_  
Series of 20 \_\_\_\_\_



HEADQUARTERS  
AFP PENSION AND GRATUITY MANAGEMENT CENTER  
Camp General Emilio Aguinaldo, Quezon City

INITIAL INFORMATION

STOPPAGE OF MONTHLY PENSION

Name of Deceased \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Rank \_\_\_\_\_ Serial Nr: \_\_\_\_\_ Branch of Service \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Retirement/Separation Auth: Special Orders No: \_\_\_\_\_  
Date of Special Orders: \_\_\_\_\_  
Paragraph No: \_\_\_\_\_  
Effective Date of Retirement: \_\_\_\_\_

Name of Spouse/Beneficiary: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Present Address: \_\_\_\_\_

Reported by: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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Please attached the following documents:

Death Certificate-- 3 Xerox Copies