

SAMPLE GUIDE FOR MONIES WITH MULTIPLE CLAIMANTS

General Instructions:

- SUBMIT **ONE (1) LONG FOLDER** of **ORIGINAL** and **ONE (1) LONG FOLDER** of **PHOTOCOPIED** and properly tabbed to each document
- Whenever any discrepancy exists on name, birth date and other information, submit an Affidavit of 2 Disinterested Persons or Correction of Entry on the civil registry document (Birth / Marriage / Death Certificate), whichever is applicable
- Incomplete submission shall NOT be entertained
- Photocopied documents must be clear and readable.
- Transact only with authorized employees from AFPTFPD/AFPPGMC. **Beware of FIXERS.** (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.)
- Submission of **FAKE DOCUMENTS** will be prosecuted for Falsification of Public Documents and violation of Section 34 of PD 1638.

Note: Kindly secure and complete documentary requirements as applicable.

REQUIREMENTS		WHERE TO SECURE
A	AFP LEGAL FORMS	
1	Affidavit of Undertaking with Special Power of Attorney	Download at afppgmc-mil.ph/monies.php
2	Oath of Office	
3	Affidavit of Self-Adjudication (Sole Heir/Claimant only)	
B	BASIC DOCUMENTS	
1	Waiver of Rights	Download sample format at afppgmc-mil.ph/monies.php
2	Duly Accomplished Application Form	Download at afppgmc-mil.ph/monies.php
C	PSA DOCUMENTS	
1	PSA Death Certificate of Principal Pensioner and his/her Spouse, <i>if deceased</i>	Philippine Statistics Authority (PSA) thru: 1. PSA Serbilis via https://www.psaserbilis.com.ph with “ Delivery To ” option to AFP Pension and Gratuity Management Center (see next page) or 2. Local Civil Registrar (LCR), if no record in PSA, with Official Receipt (OR)
2	PSA Marriage Certificate of Principal Pensioner and his/her Spouse	
3	PSA CRS Form #5 (Advisory on Marriages) of both: -Principal Pensioner and -his/her Spouse	
4	PSA Birth Certificate/s of Child/ren and/or Grandchild/ren, <i>if by representation</i>	
5	PSA Birth Certificate of Principal Pensioner, <i>if single upon death</i>	
D	OTHER REQUIREMENTS	
1	Photocopy of valid Government ID (front and back) of all claimants with 3 specimen signatures	Claimant/s
2	Photocopy of ATM Account (LBP, PVB, or DBP) with handwritten Account Number and bank snapshot (<i>only for claims administrator who are not AFP pensioners</i>)	Claims Administrator / Bank
E	ADDITIONAL REQUIREMENTS FOR DUAL CITIZEN DECEASED PRINCIPAL PENSIONER / ACTIVE BENEFICIARY CLAIMANT/S	
1	Certificate of Naturalization (Photocopy only)	Immigration & Naturalization Services of Foreign Country
2	Oath of Allegiance (Photocopy only)	Philippine Embassy/ Consulate / Department of Foreign Affairs
3	Order of Approval of Citizenship Retention and Re-acquisition (Photocopy only)	
4	Identification Certificate (Photocopy only)	

Request Details

Certificate Type: Birth
Type of Request: Copy Issuance
Number of Copies: 1

Certificate Details

ⓘ Please enter Maiden Name, if Married Female

Last Name: Last Name
First Name: First Name
Middle Name: Middle Name
Place of Birth (Country): PHILIPPINES
Place of Birth (Province): Select Province
Place of Birth (City/Municipality): Select City/Municipality
Date of Birth: MM/DD/YYYY
Sex: Male Female
Father's Last Name: Father's Last Name
Father's First Name: Father's First Name
Father's Middle Name: Father's Middle Name
Mother's Maiden Last Name: Mother's Last Name
Mother's Maiden First Name: Mother's First Name
Mother's Maiden Middle Name: Mother's Middle Name
Relationship to the Document Owner: Select Relationship to the Document Owner

Embassy or Government Agency Details

Document(s) for delivery to an Embassy or Government Agency?
 Yes No
Delivery To: AFP Pension and Gratuity Management Center



**APPLICATION FOR MONIES CLAIMS OR ONE-TIME
PAYMENT FOR AFP PENSION DIFFERENTIAL FY2000 - 13**

CLAIMS ADMINISTRATOR

NAME OF DESIGNATED CLAIMS ADMINISTRATOR:
(Print information in capital letters & use BLUE ink only)

(Last Name) DELA CRUZ	(First Name) MARIA	(Middle Name) TAN	(Suffix: Jr, III, IV if any)
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Date of Birth: 07 JUL 1957	Contact No: (Cellular phone) +639552134580	Relationship to the deceased principal Pensioner/Retiree SPOUSE
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OTHER BENEFICIARIES

Names of other Legal Beneficiaries	Date of Birth	Contact No.	Relationship to the Deceased Pensioner
MARIA CRISTINA DELA CRUZ CASTRO	08 AUG 1977	+639552134581	DAUGHTER
JUAN DELA CRUZ JR	09 SEP 1994	+639552134582	SON
MARY JANE DELA CRUZ TORRES	10 OCT 2000	+639552134583	DAUGHTER
JUAN DELA CRUZ III	12 DEC 2002	+639552134584	SON



*With Additional Sheet: Yes No

I MARIA T DELA CRUZ DO CERTIFY THAT THE INFORMATION I HAVE PROVIDED ARE TRUE AND CORRECT, AND I FURTHER CERTIFY THAT:

1. I am the sole or one of the legal beneficiary/ies of the deceased military personnel.
2. I have not filed any previous application for Monies Claims or One-Time payment pertaining to the AFP Pension Differential covering the period of FY2000 – 2013.
3. I will immediately notify the AFPPGMC or the AFP Task Force for Pension Differential (FY2000-2013) in case changes of status or other claimants will assert benefits of the deceased AFP Pensioner.

_____		<u>06 NOV 2023</u>
SIGNATURE OF DESIGNATED ADMINISTRATOR		DATE

Witnesses:

_____	
<u>BEN T AMBLING</u> (Signature over printed name)	
_____	
<u>JUAN C NIPA</u> (Signature over printed name)	

2 x 2 Picture of the Pension Administrator

Republic of the Philippines)
Municipality/City of _____) S.S.

**AFFIDAVIT OF UNDERTAKING
WITH SPECIAL POWER OF ATTORNEY**

I/We, MARIA T DELA CRUZ, MARIA CRISTINA DELA CRUZ CASTRO, JUAN DELA CRUZ JR, MARY JANE DELA CRUZ TORRES, JUAN DELA CRUZ III, after having been sworn to in accordance with law, do hereby depose and say that I/we am/are:

1. Of legal age, single/married and resident/s of B1L1 FILINVEST SUBD., BATASAN HILLS QUEZON CITY, J.P. RIZAL ST., POBLACION, BANGUED, ABRA respectively;

2. The person/s who would be considered compulsory heirs to the estate of the late 2LT JUAN DELA CRUZ SR. 123456 PA, who died on 13 JANUARY 2013, being his/her SPOUSE and CHILDREN (state relationship);

3. Laying claim to the monies due the decedent and undertake to submit all pertinent, VALID, LEGAL, GENUINE, and AUTHENTIC documents in the processing of the application for monies claim;

4. Authorizing the Armed Forces of the Philippines (AFP), AFP Pension and Gratuity Management Center (AFPPGMC), and AFP Task Force for Pension Differential FY 2000-2013 to release the sum of my/our respective shares to MARIA T DELA CRUZ (indicate name/s of attorney-in-fact, if applicable) and to acknowledge receipt thereof;

5. Hereby appointing and authorizing for and in my/our behalf MARIA T DELA CRUZ (name of attorney-in-fact), whose specimen signature appears hereunder, to undertake any or all of the following:

- a) File and process claim, as claims administrator on behalf of all entitled claimants-heirs, for payment of monies with the AFP, AFPPGMC, and AFP Task Force for Pension Differential FY 2000-2013;
- b) Submit and sign all documentary requirements relative thereto;
- c) Receive the sum of the respective shares of all entitled claimants-heirs;
- d) To undertake that the sum/amount of monies received shall be held in trust for MARIA CRISTINA DELA CRUZ CASTRO, JUAN DELA CRUZ JR, MARY JANE DELA CRUZ TORRES, and JUAN DELA CRUZ III and he/ shall not appropriate for himself/herself the monies;
- e) Distribute the respective shares of all entitled claimants-heirs to them; and,
- f) To perform all and every act requisite or necessary to carry into effect the foregoing authority as fully to all intents and purposes as we might or could lawfully do if personally present;

6. I/We shall be held personally liable to any person, natural (unknown legal heir) or juridical, that may be prejudiced by my/our representations, in addition to other liabilities, civil or criminal, that may arise therefrom; hereby releasing and discharging the AFP, AFPPGMC, and AFP Task Force for Pension Differential FY 2000-2013, its officers and employees, from any and all further obligations in connection with this claim;

7. Undertake to refund the AFP, AFPPGMC, and AFP Task Force for Pension Differential FY 2000-2013 the amount paid to me/us/attorney-in-fact including interest thereon and indemnify the AFP, AFPPGMC, and AFP Task Force for Pension Differential FY 2000-2013, and/or third parties for any loss and/or damages occasioned by such payment;

8. Further undertake to render free and harmless and defend the Armed Forces of the Philippines (AFP), AFP Pension and Gratuity Management Center, and AFP Task Force for Pension Differential FY 2000-2013 against any person or entity from any and all claims which may hereafter be made on the aforesaid monies;

I/We am/ are executing this affidavit to attest to the truth and veracity of the foregoing statements.

IN WITNESS WHEREOF, we have hereunto set our hands this ____ day of _____ at _____.

MARIA CRISTINA DC CASTRO
Name & Signature of Affiant
ID/ No. **124567894**
Issuance/Validity Date **01 JAN 2020**

MARY JANE DC TORRES
Name & Signature of Affiant
ID/ No. **526664874**
Issuance/Validity Date **15 FEB 2012**

JUAN DELA CRUZ JR
Name & Signature of Affiant
ID/ No. **003456128**
Issuance/Validity Date **01 AUG 2018**

JUAN DELA CRUZ III
Name & Signature of Affiant
ID/ No. **333859472**
Issuance/Validity Date **01 FEB 2022**

MARIA T. DELA CRUZ
Name & Signature of Attorney-in-Fact
ID/ No. **999524789**
Issuance/Validity Date **01 JAN 2010**

SUBSCRIBED AND SWORN to before me in the Municipality/City of _____ this _____ day of _____ by the affiants, who have satisfactorily proven his/her/their identities to me and that he/she/they are the same person/s who personally signed the foregoing document before me and acknowledged that he/she/they executed the same.

Notary Public

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.

GENERAL HEADQUARTERS
ARMED FORCES OF THE PHILIPPINES
OFFICE OF THE JUDGE ADVOCATE GENERAL
Camp General Emilio Aguinaldo, Quezon City

01 January 2023

OATH OF OFFICE

I, MARIA T DELA CRUZ, having been appointed by my co-claimants/heirs as claims administrator, through a Special Power of Attorney, in the application for monies claim, do solemnly swear that I will faithfully fulfill / perform the duties in trust, in accordance with the instruction/s concomitant with the said designation.

MARIA T DELA CRUZ
Claims administrator

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__, and the affiant exhibited to me his/her _____, issued by _____, expiring on _____.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 20__.

WAIVER OF RIGHTS

KNOW ALL MEN BY THESE PRESENTS:

We, the undersigned, of legal age, heirs of the late JUAN T DELA CRUZ SR., state that:

1. Our father/mother, JUAN T DELA CRUZ SR., optionally/compulsorily retired on 01 January 2001;
2. He/She passed away on 12 December 2013 and has an unclaimed benefit/monies at the time of his/her death;
3. We hereby waive in favor of our mother, MARIA DELA CRUZ, all rights and interest that we may have over said benefits/monies due the deceased from AFPPGMC;
4. We hereby release and forever discharge the AFP, AFPPGMC, and AFP Task Force for Pension Differential FY 2000-2013, its officers and employees from any and all liability from our co-heirs and/or any other third-party claimant in connection with the aforementioned waiver and release of the benefits/monies in favor of the above-named person;
5. We are executing this affidavit to attest to the truth of the foregoing facts and statements.

IN WITNESS WHEREOF, we have hereunto set our signatures this _____ at Quezon City, Philippines.

MARIA CRISTINA DC CASTRO
Daughter
ID No. 2356654

MARY JANE DC TORRES
Daughter
ID No. 63442424

← Affix Signature

JUAN DELA CRUZ JR
Son
ID No. 32425346

JUAN DELA CRUZ III
Son
ID No. 53452233

← Affix Signature

WITNESSES:

← Affix Signature

BEN T. AMBLING
Signature over printed name

JUAN C. NIPA
Signature over printed name

REPUBLIC OF THE PHILIPPINES)
CITY OF QUEZON)S.S.

ACKNOWLEDGMENT

BEFORE ME, a Notary Public for and in Quezon City, on the date and at the place aforementioned, personally came and appeared the parties named above who presented their competent proof of identities above written. They are known to me to be the same persons who executed the foregoing instrument and acknowledged to me that the same re their free act and voluntary deed.

I HEREBY CERTIFY, that this document consists of two (2) pages, including this page where this acknowledgment is written, has been signed thereof by the concerned parties and their witnesses.

WITNESS MY HAND AND SEAL, on the day, year, and place first above written.

Doc. No. _____,
Page No. _____,
Book No. _____,
Series of 2023.