

INSTRUCTIONS:

- 1) Type or Write clearly
- 2) Send or mail to **Pensioners Assistance Unit (PAU), HQ, AFPPGMC, Camp Aguinaldo Quezon City 1110.**
- 3) See back page for additional information.
- 4) Reproduction of this form is allowed.

PAUNAWA:

- 1) I-type o isulat nang maayos at malinaw.
- 2) Ipadala kalakip ang iba pang dokumentong kailangan sa **Pensioners Assistance Unit, HQ,AFPPGMC Camp Aguinaldo, Quezon City 1110.**
- 3) Tingnan ang likod ng pahina para sa inyong gabay.
- 4) Maaaring magpagawa ng maraming kopya.

AFPPGMC Revised Form Nr. 1A (01 September 2007)		PENSIONER UPDATE FORM (PUF)		
Is the Principal Pensioner still alive? (check box) <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, indicate the date of death and Cause of Death (day, month, year)		
SECTION I – AFP RETIREE’S / SEPARATED PERSONAL DATA				
1. LAST NAME		2. FIRST NAME <i>(add extension name if any ex: Jr, Sr, III)</i>		3. COMPLETE MIDDLE NAME
4. Retirement/Separation Rank	5. AFP Serial Number	6. Branch of Service (Check box) PA <input type="checkbox"/> PN <input type="checkbox"/> PAF <input type="checkbox"/> PC <input type="checkbox"/>		7. Date of Birth (Day, Month, Year)
8. Address: (House Nr., Street, Barangay, Town or City, Province)			9. Postal (Zip Code)	10. Telephone Nr
11. Cell phone Nr				
12. Religion	13. Civil Status (Check box) <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Married <input type="checkbox"/> Separated		14. Parents Name: Mother's name: _____ Father's name: _____	
15. Sex (Check box) <input type="checkbox"/> Male <input type="checkbox"/> Female				
16. Date of Original Entry to the AFP (Day, Month, Year)	17. Date of Separation from the AFP (Day, Month, Year)	18. Cause of separation from the AFP (check box) <input type="checkbox"/> Compulsory Retirement <input type="checkbox"/> Posthumous <input type="checkbox"/> Optional Retirement <input type="checkbox"/> CDD		
19. Authority of retirement/separation from the AFP (General Orders Nr, Para Nr, Date (month, day, year) (Attach copy of retirement/Separation Orders) (ex: GO Nr 1, Para Nr 20, GHQ, AFP dtd 01 Dec 1965, Pursuant Sec 1a & 10 in conjunction with sec 8, RA 340)				
20. Are you receiving monthly pension? (check box) Yes <input type="checkbox"/> No <input type="checkbox"/>		21. If Yes, how much? ₱ _____		22. How do you receive your pension? (Check box) <input type="checkbox"/> Local Pick-up <input type="checkbox"/> Mailing <input type="checkbox"/> Banking
23. AFP RETIREE’S/SEPARATED SPECIMEN (IF DECEASED, IGNORE THIS BOX)		I declare under the penalties of perjury pursuant to the provisions of existing laws, that this has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct. _____ AFP PENSIONER (Signature Over Printed Name)		
2 x 2 picture (AFP Pensioner) _____ DATE SIGNED (Day, Month, Year)				
LEFT THUMBMARK		RIGHT THUMBMARK		
SECTION II. BENEFICIARY’S PERSONAL DATA				
1. LAST NAME		2. FIRST NAME		3. COMPLETE MIDDLE NAME
4. Date of Birth (Day, Month, Year)	5. Place of Birth		6. Parents Name: Father's name: _____ Mother's name: _____	
7. Relationship with the AFP Retired or separated AFP personnel <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child		8. If the beneficiary is a spouse , write the date of marriage. (day/month/year)		9. If the beneficiary is a minor child (below 18 years old), write the name of guardian.
10. Address: (House Nr, Street, Barangay, Town or City, Province)			11. Postal (Zip) Code	
12. Telephone/Cellular Phone Nr:		13. Civil Status (check box) Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>		14. Sex (Check Box) Male <input type="checkbox"/> Female <input type="checkbox"/>
15. Religion				
16. Are you receiving monthly pension? (Check box) <input type="checkbox"/> Yes <input type="checkbox"/> No		17. If Yes, how much? ₱ _____		18. How do you receive your pension? (Check box) <input type="checkbox"/> Local Pick-up <input type="checkbox"/> Mailing <input type="checkbox"/> Banking
19. BENEFICIARY’S SPECIMEN (IF DECEASED, IGNORE THIS BOX)		I declare under the penalties of perjury pursuant to the provisions of existing laws, that this has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct. _____ BENEFICIARY (Signature Over Printed Name)		
2 x 2 picture (Beneficiary) _____ DATE SIGNED (Day, Month, Year)				
LEFT THUMBMARK		RIGHT THUMBMARK		

ADDITIONAL INSTRUCTIONS:

- 1) If the AFP Retiree is still alive:
Fill-up Section I;
Fill-up Section II for future beneficiary/ies such as the Spouse and Children below 21 years old.
- 2) If the AFP Retiree is already deceased:
If married, spouse must fill-up Section I and II;
If unmarried (single), the parents must fill-up Section I and II.
- 3) Qualified to be Beneficiary/ies:
For deceased married AFP Retiree/Principal Pensioner:
- spouse and children below 21 years old;
For Deceased Unmarried (Single) AFP Retiree/Principal Pensioner
- Parents or
- Acknowledged Natural Children below 21 years old

REQUIREMENTS FOR AFP RETIREE:

- 1) Retirement/Separation Order (GO/SO);
- 2) Marriage Certificate (For Married AFP Retiree);
- 3) AFP Retiree's ID (Xerox back to back)

REQUIREMENTS FOR BENEFICIARY:

- 1) Retirement/Posthumous Order;
- 2) Declaration of Beneficiaries from JAGO, AFP;
- 3) Pensioners ID (Xerox back to back);
- 4) **NSO** issued **Marriage Contract** with **signature of both parties** if the beneficiary of the principal pensioner is the **wife/husband** or **birth certificate** of the principal pensioner if the beneficiary is/are the **parent/s**

FOR NON APPEARANCE OR SUBMISSION THRU MAILING OR COURIER, SUBMIT THE FOLLOWING REQUIREMENTS:

- 1) Whole body picture holding any current newspaper of major circulation;
- 2) Mail or send it to:

**Pensioner Assistance Unit (PAU)
AFP Pension and Gratuity Management Center
Camp Gen. Emilio Aguinaldo, Quezon City**