



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



APPLICATION FOR ONE-TIME PAYMENT OF UNPAID PENSION OF DECEASED AFP BENEFICIARY

A. Military Personnel's Information:

AFP Serial Number:	First Name:	Middle Name:	Last Name:
Branch of Service:			
Date of Death (dd/mm/yyyy):	Place of Death:		Gender: ___ Male ___ Female
Complete Father's Name (Last / First / Middle Name):		Complete Mother's Maiden Name: (Last / First / Middle Name):	

B. Deceased's Beneficiary Information:

First Name:	Middle Name:	Last Name:
Date of Death (dd/mm/yyyy):	Place of Death:	Relationship to Military Personnel:
Complete Father's Name (Last / First / Middle Name):		Complete Mother's Maiden Name: (Last / First / Middle Name):

C. Representative's Information with attached Special Power of Attorney (SPA):

First Name:	Middle Name:	Last Name:
Relationship to Deceased Beneficiary:	Civil Status: ___ Single ___ Married ___ Widow ___ Legally Separated	Contact Number/s:
Residence Address (Complete Address):		Email Address/es:

D. Other Legal Heirs' Information (Please use the separate sheet, if desired)

Full Names (Last / First / Middle)	Relationship to Deceased Beneficiary	Order of Birth (1, 2, 3, etc.)	Living Status (Alive, Deceased)	Civil Status (Single, Married, Widow/er)	Legitimacy (Legitimate/Illegitimat e)	Contact Number	Email Address

E. Representative/Legal Heirs' Certification:

In submitting this form, I/We hereby give my/our consent to collecting and processing my/our personal data necessary for the one-time payment of the unpaid pensions of deceased beneficiary pensioners.

Further, the information I/we have written herein is true and correct. The documentary requirements I/we attached herewith are genuine and duly issued by the Office having competent authority to do so under the existing law, rules, and regulations thereto. Further, I/we am/are fully aware that I/we may be criminally and civilly charged for any fraud, falsification, or misrepresentation of facts made and submitted, which shall cause the denial of the abovementioned application.

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

 Signature over Printed Name of Applicant/Representative

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 _____.

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

