

GENERAL INSTRUCTIONS

1. Accomplish this form in one copy without erasures or alterations.
2. Submit photocopies together with the original or certified true copy of birth/baptismal/marriage/death certificate for authentication.
3. Submit photocopy together with the original single savings account passbook.

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THIS CLAIM SHALL BE CRIMINALLY LIABLE FOR FALSIFICATION OF PUBLIC DOCUMENTS.

CHECKLIST OF REQUIRED DOCUMENTS

SPECIFIC INSTRUCTIONS

DEATH

Primary Beneficiaries

- | | | |
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| <input type="checkbox"/> Death Certificate of member | - | Should be duly registered with Local Civil Registry Office. |
| <input type="checkbox"/> Filer's Affidavit | - | To be accomplished by the person actually filing the application. |
| <input type="checkbox"/> Marriage Certificate | - | Should be duly registered with Local Civil Registry Office/Parish/Church. |
| <input type="checkbox"/> Birth/Baptismal Certificates of minors | - | Should be duly registered with Local Civil Registry Office/Parish/Church. |
| <input type="checkbox"/> Medical Certificate of incapacitated child, if any | - | To be accomplished by the child's attending physician. |
| <input type="checkbox"/> Death Certificate of spouse | - | To be submitted if spouse is deceased. |
| <input type="checkbox"/> Application for Representative Payee (CLD-15) | - | To be accomplished by the guardian of the minor children other than the parent. |
| <input type="checkbox"/> Guaranteed Bond Form (BPN-107) | - | To be accomplished by a guarantor, if minor children are under a guardian. |
| <input type="checkbox"/> Accident Report/Report of Death (BPN-105) | - | To be secured from the employer. |
| <input type="checkbox"/> Proof of relationship such as record of birth, a statement before a court of record of any authentic writing/document | - | To be submitted for illegitimate children. |

Secondary Beneficiaries

If Claimant is Parent:

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| <input type="checkbox"/> Death Certificate of member | - | Should be duly registered with Local Civil Registry Office. |
| <input type="checkbox"/> Filer's Affidavit | - | To be accomplished by the person actually filing the application. |
| <input type="checkbox"/> Affidavit for Death Benefit Claim (CLD-1.3A) | - | To be executed by the claimant. |
| <input type="checkbox"/> Birth Certificate of Deceased member | - | Should be duly registered with Local Civil Registry Office/Parish/Church. |
| <input type="checkbox"/> Marriage Certificate of parents | - | Should be duly registered with Local Civil Registry Office/Parish/Church. |
| <input type="checkbox"/> Accident Report/Report of Death (BPN-105) | - | To be secured from the employer. |

If Claimant is other than Parents:

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| <input type="checkbox"/> Joint Affidavit (CLD-1.3) | - | To be executed by two persons of legal age and preferably close relatives of the deceased. |
| <input type="checkbox"/> Death Certificate of parents | - | To be submitted if parents are deceased. |
| <input type="checkbox"/> Birth Certificate of the deceased brother/sister | - | To be submitted to prove claimant's relationship with the deceased. |
| <input type="checkbox"/> Birth Certificate of minor beneficiaries | - | Should be duly registered with Local Civil Registry Office/Parish/Church. |
| <input type="checkbox"/> Application for Representative Payee (CLD-15) | - | To be accomplished by the guardian of the minor children other than the parent. |
| <input type="checkbox"/> Guaranteed Bond Form (BPN-107) | - | To be accomplished by a guarantor, if minor children are under a guardian. |

DISABILITY

- | | | |
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| <input type="checkbox"/> Medical Certificate (MMD-102) | - | To be accomplished by the claimant's attending physician. |
| <input type="checkbox"/> Operating Room Record | - | To be secured if claimant has been operated on. |
| <input type="checkbox"/> Accident Report (B-309) | - | To be secured from the employer. |
| <input type="checkbox"/> Affidavit of Guardianship | - | To be accomplished by the guardian of incapacitated member. |
| <input type="checkbox"/> Other medical records that may be requested by the Medical Services, QC Branch/Medical Benefits | - | |
| <input type="checkbox"/> Medical Certificate of incapacitated child, if any | - | To be accomplished by the child's attending physician. |

RETIREMENT

- | | | |
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| <input type="checkbox"/> Marriage Contract | - | To be submitted if with children below 21 years old and incapacitated. |
| <input type="checkbox"/> Birth/Baptismal Certificate of Dependent minor children | - | Should be duly registered with Local Civil Registry Office/Parish/Church. |
| <input type="checkbox"/> Medical Certificate of incapacitated child, if any | - | To be accomplished by the child's attending physician. |
| <input type="checkbox"/> Birth Certificate of member | - | To be submitted if with discrepancy in the date of birth. |
| <input type="checkbox"/> Proof of business closure | - | To be submitted if self-employed member is below 65 years old. |
| <input type="checkbox"/> Affidavit of separation (Form E-47) | - | To be submitted if last employer has closed business operation. |