

**ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.**

Col Bonny Serrano Road cor E. Delos Santos Avenue, Quezon City  
 Contact Nos. (8) 822-MBAI (6224) Website: www.afpmbai.com.ph

**LIVING BENEFIT APPLICATION FORM**

Branch / Extension Office \_\_\_\_\_

Date \_\_\_\_\_

**NATURE OF CLAIM****Type of Claim**

- ☐ Termination Benefit  
☐ Bonus  
☐ Matured: ☐ AI ☐ E56  
☐ Cash Surrender Value: ☐ AI ☐ E56

**Release of Claim**

- ☐ For Pick-Up ☐ Head Office ☐ AFPMBAI Branch \_\_\_\_\_  
☐ For Deposit ☐ ATM/Acct No. \_\_\_\_\_ ☐ Bank/Branch \_\_\_\_\_  
☐ For Mailing ☐ Present Add ☐ Permanent Add ☐ Unit Add  
☐ Ecard/AFPMBAI ID Card ☐ Ecard No. \_\_\_\_\_

**MEMBER'S INFORMATION**

LAST NAME:		MIDDLE NAME:	
FIRST NAME:		EXTN NAME (JR, SR):	
TIN:	DATE OF BIRTH (DD/MM/YY):		AGE:
RANK:	SERIAL/BADGE/ACCT NO.:	RETIREMENT DATE:	BOS:
UNIT ASSIGNMENT:		UNIT ADDRESS:	
CELL PHONE:	PHILSYS NO. (PSN):	EMAIL ADDRESS:	
PRESENT ADDRESS:			
PERMANENT ADDRESS:			

**SPECIMEN SIGNATURE**

This is to certify that the following affixed signatures are my specimen signature:

**OLD SIGNATURE****NEW SIGNATURE**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

RIGHT  
THUMBMARK**SURRENDER DEED (FOR CSV ONLY)**

Policy No. \_\_\_\_\_

I hereby surrender my policy to the Association and waive all rights and claims on the same. I hereby declare that my policy has not been assigned to any party and that there are no prior liens; that there are at present no insolvency proceedings over my estate pending in any of the courts instituted by or against me.

IN WITNESS WHEREOF, I have hereto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ in \_\_\_\_\_ Philippines.

Witness \_\_\_\_\_

Signature over Printed Name \_\_\_\_\_

**PRIVACY NOTICE - as per REPUBLIC ACT NO. 10173**

AFPMBAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

SIGNATURE OF MEMBER \_\_\_\_\_

 AUTHORIZED REPRESENTATIVE  
 SIGNATURE OVER PRINTED NAME \_\_\_\_\_
**DO NOT FILL-OUT (For AFPMBAI Use Only)****I. MEMBERSHIP & UPMD**

Conservation Process

Done by \_\_\_\_\_ Date \_\_\_\_\_

Policy/Basic Cert. Nr \_\_\_\_\_  
 Face Amount \_\_\_\_\_  
 Premium \_\_\_\_\_  
 Effective Date \_\_\_\_\_ Age \_\_\_\_\_  
 Plan \_\_\_\_\_  
 Noted by \_\_\_\_\_  
 Date \_\_\_\_\_

**II. RECORDS (West Wing)**

- ☐ With File Record (Attached)  
☐ No Record on File  
☐ Similar  
☐ Different

- ☐ REVOCABLE  
☐ IRREVOCALBE  
 Beneficiaries \_\_\_\_\_

Verified by \_\_\_\_\_  
 Noted by \_\_\_\_\_

**III. BRANCH/EO**

Optional Insurance \_\_\_\_\_  
 Optional Policy Loan \_\_\_\_\_  
 Basic Policy Loan \_\_\_\_\_  
 Member's Equity Loan \_\_\_\_\_  
 E56 \_\_\_\_\_  
 E56 Policy Loan \_\_\_\_\_  
 Salary Loan \_\_\_\_\_  
 SPSL (Kawal Kalinga) \_\_\_\_\_  
 Appliance Loan \_\_\_\_\_  
 Calamity Loan \_\_\_\_\_  
 MEDAL \_\_\_\_\_  
 REHL/REML \_\_\_\_\_

**Acted as Co-maker to:**

Salary Loan \_\_\_\_\_  
 MEDAL \_\_\_\_\_  
 Calamity Loan \_\_\_\_\_  
 Appliance Loan \_\_\_\_\_

**Member's Status**

Verified by \_\_\_\_\_  
 Noted by \_\_\_\_\_  
 Date \_\_\_\_\_

REQUIREMENTS & PROCEDURE IN FILING	
TERMINATION BENEFIT	
(Retirement Claim/Discharged from Service) 1. Retirement/Discharge Order 2. Statement of Service or Service Record 3. Statement of Last Payment and Latest Payslip 4. Basic Policy Contract (if w/o contract, proceed to Policy Issue Section for policy issuance) 5. Photocopy of ID (front and back)	1. Fill-out application form. 2. Proceed to Membership & Policy Services located at the ground floor lobby. If w/o contract, proceed to Policy Issue Section for policy issuance. 3. Proceed to Records Section located at the west wing compound of AFPMBAL. 4. Get priority number at the Customer Service. 5. Wait for the priority number to be displayed.
MATURED POLICY	
1. Original copy of Policy Contract (if w/o policy contract, proceed to Policy Issue Section for policy issuance) 2. Latest Payslip 3. Photocopy of ID (front and back)	1. Fill-out application form 2. Proceed to Records Section located at the west wing compound of AFPMBAL. 3. Get priority number at the Customer Service. 4. Wait for the priority number to be displayed.
CASH SURRENDER VALUE	
1. Original copy of Policy Contract (if w/o policy contract, proceed to Policy Issue Section for policy issuance) 2. Latest Payslip 3. Photocopy of ID (front and back)	1. Fill-out application form 2. Proceed to Membership & Policy Services located at the ground floor lobby. If w/o contract, proceed to Policy Issue Section for policy issuance. 3. Proceed to Records Section located at the west wing compound of AFPMBAL. 4. Get priority number at the Customer Service. 5. Wait for the priority number to be displayed.
BONUS	
1. Original copy of Policy Contract (if w/o policy contract, proceed to Records Section for signature verification) 2. Latest Payslip 3. Photocopy of ID (front and back)	1. Fill-out application form 2. Get priority number at the Customer Service. 3. Wait for the priority number to be displayed.
REQUIREMENTS FOR INSURANCES WITH PAYOR'S CLAUSE (deceased payor)	
1. Original Policy Contract with verification of Membership & Policy Services 2. Duly accomplished application form 3. Affidavit of Guardianship (if insured is below 18 years old) 4. Birth Certificate of insured 5. Death Certificate of payor 6. Marriage Contract 7. Valid ID of guardian and insured for 18 years old and above	
IMPORTANT REMINDERS	
<ul style="list-style-type: none"> <li>▪ If a representative will claim the check, additional requirements are needed: <ul style="list-style-type: none"> <li>✓ SPA (Special Power of Attorney) or Authorization letter</li> <li>✓ Actual valid ID of the payee/owner</li> <li>✓ Actual valid ID of the representative</li> </ul> </li> <li>▪ For members who cannot affix valid signatures, Medical Certificate is required.</li> <li>▪ Unclaimed checks for more than one (1) month after the due date shall be mailed to the address written in the Living Application Form.</li> </ul>	

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**RELEASE, WAIVER, AND QUITCLAIM**

KNOW ALL MEN BY THESE PRESENTS:

I, \_\_\_\_\_, of legal age, Filipino, single/married/widow, and presently residing at \_\_\_\_\_, for and in consideration of the sum of Pesos: \_\_\_\_\_ (P \_\_\_\_\_) receipt IN FULL is hereby acknowledged from the

ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC. (AFPMBAI) representing:

<input type="checkbox"/> Cash Surrender Value of Policy No. _____	<input type="checkbox"/> Maturity Benefit of Policy No. _____
<input type="checkbox"/> Termination Benefit of Policy No. _____	<input type="checkbox"/> Death Benefit of Policy No. _____

- Consequent to such receipt, I hereby fully, completely and absolutely, release, remise, and forever discharge the AFPMBAI, its successors-in-interest, shareholders, officers, trustees, and/or its duly authorized representatives from any action, liability, sum of money, damages, claims and demands whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have by reason of, and up to the time of these presents, arising wholly or partially from the release/payment of the abovementioned AFPMBAI benefit/claim;
- Any and all actions which I may have commenced either solely in my name or jointly with others before any Office, Board, Bureau, Court, or Tribunal against AFPMBAI, its successors-in-interest, shareholders, officers, trustees, and/or its duly authorized agents/representatives arising from the release/payment of the abovementioned AFPMBAI benefit/claim are hereby deemed or considered voluntarily withdrawn and I shall no longer testify or continue to prosecute the said action/s;
- I shall defend and, whenever entitled to, indemnify AFPMBAI, its successors-in-interest, stockholders, officers, trustees, and/or its duly authorized agents/representatives from any and all claims, demands, liabilities, and causes of action, in law or equity, costs and expenses, including attorney's fees, interests, penalties and other damages arising from such litigation or suit arising from or connected with the release/payment of the abovementioned AFPMBAI benefit/claim;
- I finally declare that I have read and fully understood this document denominated as **Release, Waiver, and Quitclaim** consisting of one (1) page, and the covenants, stipulations and undertakings herein are all made willingly and voluntarily and with full knowledge of my rights under the law.

IN WITNESS WHEREOF, I have hereunto affixed my signature this \_\_\_\_\_ at \_\_\_\_\_.

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\_\_\_\_\_  
Policyholder/Beneficiary

ID No. \_\_\_\_\_

Issued at \_\_\_\_\_

Signed in the presence of: \_\_\_\_\_

**ACKNOWLEDGMENT**(Republic of the Philippines  
\_\_\_\_\_) S.S.

BEFORE ME, a Notary Public for and in \_\_\_\_\_, this \_\_\_\_\_, personally appeared the above named Policyholder/Claimant and showed competent proof of identity written below his/her name known to me to be the same person who executed the foregoing Release, Waiver, and Quitclaim and acknowledged to me that the same is his/her voluntary act and deed.

WITNESS MY HAND AND SEAL.

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of \_\_\_\_\_

**AUTHORIZATION TO DEPOSIT****TO: CO, FINANCE CENTER****Sir:**

I hereby authorize Armed Forces and Police Mutual Benefit Association, Inc. (AFPMBAI) to automatically deposit my Dividends, Bonuses, Maturities and/or Refunds to the bank account details I have with them or through other accredited payment facilities (eg. Palawan Express Pera Padala) for all of my existing policy (ies) and/or loans with AFPMBAI.

☐ Bank \_\_\_\_\_ ☐ Acct Name \_\_\_\_\_  
☐ Bank Branch \_\_\_\_\_ ☐ Acct No. \_\_\_\_\_

**THUMBMARKS**

<div></div>	<div></div>	Rank	Member's Family Name/First Name/Middle Name	SN	Branch of Service
		Signature above printed name			
		Unit Assignment	Cellphone Number	Email Address	

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