



ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.
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DEATH BENEFIT APPLICATION FORM

Branch / Extension Office

Date

NATURE OF CLAIM

Types of Insurance

- ☐ MBAI Protek
☐ SGTI
☐ Permanent Insurance ☐ E56
☐ Group ☐ AI

Release of Claim

- ☐ For Pick Up ☐ Head Office ☐ AFPMBAI Branch
☐ For Deposit ☐ ATM/Acc. No. ☐ Bank/Branch
☐ For Mailing: ☐ Present Address ☐ Permanent Address
☐ Ecard/AFPMBAI ID Card: ☐ Ecard No.

Certificate /Policy No.:

☐ Final

☐ Cash Advance (H.O. Only)

Face Amount:

ADB:

INFORMATION ON DECEASED MEMEBR

LAST NAME:

EXNTN. NAME:

FIRST NAME:

GENDER:

MIDDLE NAME:

CIVIL STATUS (CHECK ONE):

☐ SINGLE

☐ MARRIED

☐ WIDOW/ER

☐ LEGALLY SEPARATED

RANK:

SERIAL/BADGE/ACCT NO.:

BRANCH OF SERVICE:

UNIT ASSIGNMENT:

UNIT ADDRESS:

DATE OF DEATH:

CAUSE OF DEATH:

PLACE OF DEATH:

PHILSYS NO. (PLS):

RELIGION:

IF MARRIED to the deceased, indicate names of children with him/her. **IF with COMMON-LAW-RELATIONSHIP** with the deceased, indicate names of children with him/her:

NAME

DATE OF BIRTH

RELATIONSHIP

ADDRESS

- a. _____
b. _____
c. _____
d. _____
e. _____
f. _____

IF SINGLE, indicate names of surviving parents, illegitimate children of the deceased, brother and sisters:

NAME

DATE OF BIRTH

RELATIONSHIP

ADDRESS

- a. _____
b. _____
c. _____
d. _____
e. _____
f. _____

CONTACT NO.:

CELL PHONE NO.:

EMAIL ADDRESS:

PRESENT ADDRESS

PERMANENT ADDRESS:

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.

I hereby certify that the above information is true and correct as to my own personal knowledge and belief.

Date

Signature over Printed Name

Relationship to the deceased

REQUIREMENTS

FOR AFP

A. BASIC

ACTIVE MILITARY PERSONNEL

- Death Certificate issued by local Civil Registrar
- Unit Casualty Report
- Report of Death from Adjutant General and Major Services
- Statement of Service/Service Record
- Latest Payslip
- Spot report/Investigation Report
- Cenomar **(Original copy)**
- Certificate of legal beneficiaries
- Photocopy of Dependent's Identification card

B. SGTI

IF MARRIED - Marriage Contract and Birth Certificate of all children (Legitimate/ illegitimate)

IF SINGLE - Marriage Contract of parents/Birth Certificate of the deceased. Affidavit of parents and documents corroborating affidavit of civil status of the deceased

FOR PNP / BFP / BJMP

- Death Certificate issued by Local Civil Registrar
- Original Copy of Report of Death from unit
- Statement of Service/Service Record
- Latest Payslip
- Spot Report/Investigation Report
- Cenomar **(Original copy)**
- Certificate of legal beneficiaries
- Photocopy of Dependent's Identification card

IF MARRIED - Marriage Contract and Birth Certificate of all children (Legitimate/ illegitimate)

IF SINGLE - Marriage contract of parents/Birth Certificate of the deceased

FOR AI/56

- Death Certificate issued by Local Civil Registrar
- Original Policy Contract
- Marriage Contract
- Latest Payslip
- Birth Certificate of children
- Cenomar **(Original copy)**
- Affidavit of Guardianship for minor beneficiaries

IF SINGLE - Marriage Contract of parents/Birth Certificate of deceased. Birth Certificate / Marriage Contract of Siblings

Note: All Documents must be authenticated by the accredited Claims benefit officer/s or respective branch of service.