Armed Forces and Police Mutual Benefit Association, Inc.

AFPMBAI

Col Bonny Serrano Ave cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: (02) 8822-MBAI (6224) | Email: mail@afpmbai.ph
Website: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

AUTHORITY TO DEDUCT

I, _____, of legal age, Filipino, married/single, and a resident of _____ _____, after having been duly sworn in accordance with law, do hereby depose and state that:

1. I am a retiring regular member of AFPMBAI and due to receive my monthly pension on _____.
2. I hereby apply for continued membership under the MBAI iProtek insurance plan, with a monthly premium of:

   ☐ ₱499 (for retired enlisted personnel)

   ☐ ₱999 (for retired officers)

3. To ensure seamless continuation of my membership and insurance protection after retirement, I authorize AFPMBAI to deduct from my MBAI Protek Termination Benefit and/or Equity Value the following amount, representing the advance payment of MBAI iProtek premiums for three (3) years:

   ☐ ₱16,842 (for retired enlisted personnel)

   ☐ ₱33,717 (for retired officers)

5. I understand that this avoids gap in my insurance coverage and allows me to continue enjoying AFPMBAI member benefits during the transition from active service to retirement, but this only covers the first three (3) years after my retirement.
6. I further acknowledge that to continue my membership with AFPMBAI beyond this three-year period, I must execute a separate Authorization for Pension Deduction to allow deduction of my MBAI iProtek premiums directly from my monthly pension.
7. I execute this Authority to Deduct willingly, with full knowledge of its contents and legal effect, and release AFPMBAI from any liability related to its enforcement.

AFFIANT FURTHER SAYETH NAUGHT.

Quezon City, Philippines, _____ 20_____

RANK	FULL NAME OF MEMBER-APPLICANT (SIGNATURE OVER PRINTED NAME)	SERIAL NUMBER

PENSIONER NUMBER	CONTACT NUMBER	BIRTHDATE (MM/DD/YYYY)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, at _____, Philippines. Affiant exhibiting to me his/her valid IDs issued at _____ on _____.

Doc. No. _____;

Page No. _____;

Book No. _____;

Series of _____;

NOTARY PUBLIC