



# Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Ave cor. EDSA, Camp Aguinaldo, Quezon City, 1110  
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Website: [www.afpmbai.com.ph](http://www.afpmbai.com.ph) | Facebook: AFPMBAIOfficial

## AUTHORITY FOR PENSION DEDUCTION

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. This Authorization for Pension Deduction is executed to ensure continuation of my membership under the MBAI iProtek insurance plan beyond the allowed years of coverage provided through advance premium payment.
2. Upon commencement of my monthly pension, I hereby authorize the deduction of my regular monthly MBAI iProtek premium as follows:

☐ ₱499 (for retired enlisted personnel)

☐ ₱999 (for retired officers)

Such deduction shall continue until I reach the maximum insurable age of 70 or until termination of my membership with AFPMBAI, whichever comes first.

4. Furthermore, I hereby irrevocably assign/appoint the Chief, Finance Center of \_\_\_\_\_ as my attorney-in-fact to ensure the implementation of such deduction throughout the period.
5. 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.

### For Pensioners from the Armed Forces of the Philippines only

To Whom It May Concern:

I hereby undertake to deduct the amount indicated in the foregoing authorization and cause the remittance of same to AFPMBAI.

\_\_\_\_\_  
Chief, AFPFC or Authorized Representative  
(Signature over Printed Name)

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 \_\_\_\_\_;

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