



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 | 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 the selected years:

Advance Payment for:	1 year	2 years	3 years
Retired Enlisted Personnel	<input type="checkbox"/> ₱5,614	<input type="checkbox"/> ₱11,228	<input type="checkbox"/> ₱16,842
Retired Officers	<input type="checkbox"/> ₱11,239	<input type="checkbox"/> ₱22,478	<input type="checkbox"/> ₱33,717

4. 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 up to the first three (3) years after my retirement.

5. 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.

6. 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.

RANK

FULL NAME OF MEMBER-APPLICANT
(SIGNATURE OVER PRINTED NAME)

SERIAL NUMBER

DATA PRIVACY CONSENT AND DECLARATIONS

I, _____, understand and hereby give consent to the _____ **Finance Center** to collect, store and disclose to **ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC. (AFPMBAI)** my personal data, such as my pay and allowances, pension details, loan status, or any related financial transaction to facilitate the processing, monitoring and validation of loan/other services which I availed from **AFPMBAI**.

Further, I understand that the disclosure of my personal data to the **AFPMBAI** is subject to strict confidentiality and will be retained as long as necessary for the specified purpose.

Done this _____ day of _____, 202__ at _____.

Printed Name and Signature