## **AFFIDAVIT OF UNDERTAKING**

(Unclaimed Maternity Benefit of Deceased Member)

I, _							, of		citiz	enship,
								(Citizenship)		
legal	age,	sin	gle/married,	W	rith		e/postal	_	ress with	at Social
			(Address nce (CR) nu	imber	(SS/CR N			ter having be		
accorda	ance with lav	w, hereby d	epose and s	tate, that:						
1.	l am				relation , with S			maternity (SS/CR Num		
	gave birth/s	Name of No. Suffered mis	lember) scarriage/em	ergency te	ermination o	f pregnan	icy on	(SS/CR Num	ber) ; Y)	
2.	[ ] rela [ ] cur	te caregiver ative of the s rent partner	SSS membe of the SSS ary/legal hei	member, li				or		
	with SS/CF	R number			;					
3.		(MM/DD/YYYY	, the s	said SSS m	nember died	d;				
4.	<ul><li>a. support</li><li>b. use the</li></ul>	t and take o		nild, subjec	t to applica	ble laws;		ill receive fo	or the ca	are and
5.	I undertake to return to SSS or to allow the necessary deduction from my future SSS benefits the full amount I will receive in connection with this SS maternity benefit claim in case it is proven that I have given false information;									
6.			y be crimina ocuments s	-				representation	on made	in this
7.	I am execustatements	•	idavit to atto	est to the t	ruthfulness	, veracity	and due	execution of	of the fo	regoing
ln	witness	hereof, I	hereby	sign m	y name	below	on _			in
						(\$		AFFIANT over Printe	d Name)	)
								iant having (		d to me ued on

**SSS Administering Officer** (Signature Over Printed Name)