



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**ANNUAL CONFIRMATION OF PENSIONER'S FORM**

(01-2012)

Pensioner's Reply  
 (Use black ink only in accomplishing this form)

PART I - MEMBER'S / PENSIONER'S DATA				
SS NUMBER OF MEMBER	NAME OF MEMBER (Surname) (Given Name) (Middle Name)			
SS NUMBER OF PENSIONER	NAME OF PENSIONER (Surname) (Given Name) (Middle Name)			
MAILING ADDRESS OF PENSIONER (No. & Street) (Barangay) (Town District) (City/Province) (Postal Code)			LANDLINE/ MOBILE NO.	E-MAIL ADDRESS
				DATE OF BIRTH OF PENSIONER (mm/dd/yyyy)

TYPE OF PENSION/S:  Retirement  SS Total Disability  EC Total Disability  SS Death  EC Death

**PART II - QUESTIONNAIRE**

1. For total disability/retirement pensioner, have you been re-employed/resumed self-employment?  Yes  No  
 If yes, name and address of present employer: \_\_\_\_\_  
 Date re-employed or resumed self-employment: \_\_\_\_\_

2. For death pensioner, have you re-married or currently cohabiting with another person?  Yes  No  
 If yes, name of spouse/partner: \_\_\_\_\_ Date of marriage/cohabitation: \_\_\_\_\_

3. Are you under the care and custody of a guardian?  Yes  No  
 If yes, name and address of guardian: \_\_\_\_\_

4. Is there any dependent child who already got married, employed or died?  Yes  No If yes, fill out the data below:

NAME OF DEPENDENT CHILDREN	NAME OF GUARDIAN, IF APPLICABLE	DATE OF MARRIAGE	DATE OF EMPLOYMENT	SS NO.	DATE OF DEATH
1					
2					
3					
4					
5					

I hereby certify that the foregoing information is complete, true and correct to the best of my knowledge.

_____ SIGNATURE OVER PRINTED NAME OF PENSIONER	_____ DATE	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> </div>
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(If unable to sign, affix fingerprints with the signature of two witnesses and submit photocopy of one valid ID with photo and signature of each witness)

Below are the witnesses to fingerprinting:

1) _____ SIGNATURE OVER PRINTED NAME      DATE	2) _____ SIGNATURE OVER PRINTED NAME      DATE
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**PART III - CERTIFICATION OF BANK MANAGER/BARANGAY CHAIRMAN**  
 (For Retiree and Death Pensioners)

Check the appropriate box (one only):  Bank Manager  Barangay Chairman

This is to certify that Mr./Ms. \_\_\_\_\_, a depositor/bonafide resident of \_\_\_\_\_ personally appeared before the undersigned on \_\_\_\_\_ as compliance to the annual confirmation of pensioners being conducted by the Social Security System.

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME      DATE

**NOTICE:** Anyone who falsifies essential information requested by this or a related form may, upon conviction, be subject to fine and imprisonment under the law (Sec. 28 (a) of the Social Security Law and Art.207 (b) Chapter IX of PD # 626).

(DETACH BELOW THIS LINE)

**NOTICE OF SCHEDULE**

SS NUMBER OF MEMBER/PENSIONER	NAME OF MEMBER/PENSIONER (Surname) (Given Name) (Middle Name)		

Please report for your Annual Confirmation anytime within the month of \_\_\_\_\_; otherwise your pension will be suspended.

ISSUED BY: \_\_\_\_\_

_____ SIGNATURE OVER PRINTED NAME OF SSS / BANK PERSONNEL	_____ DESIGNATION	_____ DATE
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