



VPF-01296 (02-2017)

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**SSS P.E.S.O. FUND WITHDRAWAL FORM**

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph).

PLEASE READ THE INSTRUCTIONS BELOW BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY SPF MEMBER****A. PERSONAL DATA**

SS NUMBER	COMMON REFERENCE NUMBER (CRN)	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
ADDRESS IN THE PHILIPPINES (SUBDIVISION)	(RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	ZIP CODE
FOREIGN ADDRESS (IF APPLICABLE)			COUNTRY
TEL. NO. (COUNTRY CODE + AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NO.	E-MAIL ADDRESS	
BANK NAME/BRANCH		BANK ACCOUNT NO.	

**B. WITHDRAWAL INFORMATION****MEDICAL ACCOUNT**

AMOUNT IN FIGURES	AMOUNT IN WORDS
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**GENERAL PURPOSE ACCOUNT**

AMOUNT IN FIGURES	AMOUNT IN WORDS
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**C. WITHDRAWAL THROUGH REPRESENTATIVE**

I hereby authorize the person whose signature appears below, duly verified by me to make the withdrawal for me.

NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE
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**D. CERTIFICATION**

I certify that the information provided in this form are true and correct.  
 (If member cannot sign, affix fingerprints in the presence of an SSS authorized officer.)

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME  
 OF MEMBER OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
 DATE



RIGHT THUMB

RIGHT INDEX

**PART II - TO BE FILLED OUT BY SSS****A. WITHDRAWAL INFORMATION**

	MEDICAL ACCOUNT	GENERAL PURPOSE ACCOUNT	TOTAL
WITHDRAWAL AMOUNT			
LESS: MANAGEMENT FEES			
LESS: PENALTY			
NET WITHDRAWAL AMOUNT			

**B. ACTION TAKEN**

<input type="checkbox"/> APPROVED _____ (WITHDRAWAL DATE) <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> Enrollment not yet confirmed <input type="checkbox"/> No bank information provided <input type="checkbox"/> With pending benefit claim <input type="checkbox"/> Others _____	RECEIVED / PROCESSED BY: _____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME                      BRANCH
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**INSTRUCTIONS**

- Fill out this form in one (1) copy. Countersign any erasures/alterations.
- Present identification documents
  - If filed by member**
    - SS/UMID card or any two (2) valid IDs [both with signature and at least one (1) with photo]
  - If filed by Authorized Representative**
    - Representatives's SS/UMID card or any two (2) valid IDs [both with signature and at least one (1) with photo]
    - Member's SS/UMID ID or any two (2) valid IDs [both with signature and at least one (1) with photo]
    - Letter of Authority (LOA)/Special Power of Attorney (SPA) that shows the following:
      - Name and signature of member and representative
      - That representative is allowed to sign for and in behalf of the member
      - Date of issuance/ execution is within six (6) months if issued in the Philippines and one (1) year if issued abroad, from date of submission of form
- Submit this form to the nearest SSS branch office.
- Review and confirm the information in the accomplished and printed form provided by the SSS authorized officer by personally affixing signature or finger prints (if unable to sign) in the presence of an SSS authorized officer.
- Withdrawal amount shall be credited to the SPF member's enrolled bank account within three (3) working days from date of approval.

**REMINDER**

Verification of status may be made thru the SSS Website at [www.sss.gov.ph](http://www.sss.gov.ph) or contact our Call Center at 920-6446 to 55 or 917-7777