Republic of the Philippines
SOCIAL SECURITY SYSTEM
SSS P.E.S.O. FUND
RETIREMENT BENEFIT CLAIM FORM

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED AT THE SSS WEBSITE AT www.sss.gov.ph.

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

PART I - TO BE FILLED OUT BY THE MEMBER

A. PERSONAL DATA

<table>
<thead>
<tr>
<th>SS NUMBER</th>
<th>COMMON REFERENCE NUMBER</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
<th>TAX IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>NAME</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>GENDER</th>
<th>CIVIL STATUS</th>
<th>ADDRESS IN THE PHILIPPINES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUBDIVISION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CITY/MUNICIPALITY</td>
</tr>
<tr>
<td></td>
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<td>ZIP CODE</td>
</tr>
</tbody>
</table>

FOREIGN ADDRESS (IF APPLICABLE)

TEL. NO (AREA CODE + TEL. NO.)

MOBILE/CELLPHONE NUMBER

E-MAIL ADDRESS

MEMBERSHIP TYPE

- Employed
- Self-Employed
- Voluntary
- Non-Working Spouse
- Overseas Filipino Worker (OFW)

BANK NAME/BRANCH

BANK ACCOUNT NO.

B. BENEFIT PAYMENT OPTION

CHOOSE ONLY ONE (1) OF THE FOLLOWING:

- LUMP SUM
- PENSION
- LUMPSUM AND PENSION

No. of Monthly Pensions

Lump-sum Amount:

No. of Monthly Pensions:

C. BENEFIT CLAIM THROUGH REPRESENTATIVE

I hereby authorize the person whose signature appears below, duly verified by me to file the benefit claim for me.

NAME OF REPRESENTATIVE IN PRINT

SIGNATURE OF REPRESENTATIVE

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 OF MEMBER

DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

A. BENEFIT CLAIM INFORMATION

<table>
<thead>
<tr>
<th>ACCOUNT SUMMARY</th>
<th>AMOUNT</th>
<th>LUMP-SUM</th>
<th>BENEFIT CLAIM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRIBUTIONS</td>
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<tr>
<td>EARNINGS</td>
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<tr>
<td>LESS: MANAGEMENT FEES</td>
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<tr>
<td>TOTAL EQUITY</td>
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<tr>
<td>LESS: WITHDRAWALS</td>
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<tr>
<td>NET EQUITY</td>
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</tbody>
</table>

B. ACTION TAKEN

- APPROVED
- DISAPPROVED
  - Findings on identification documents:
  - No SSS Retirement Claim filed
  - With settled SPF Retirement Claim
  - Others:

RECEIVED / PROCESSED BY:

SIGNATURE OVER PRINTED NAME

DATE & TIME
1. Fill out this form in one (1) copy without erasures and alterations.
2. Submit this form to the nearest SSS branch office.
3. Review and confirm the information in the accomplished and printed form provided by the SSS authorized officer by personally affixing signature or thumbmark (if unable to sign) in the presence of an SSS authorized officer.
4. Retirement benefit amount shall be credited to the SPF Member’s enrolled bank account in three (3) working days from date of approval.