



VPF-01297 (02-2017)

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

Form section A containing fields for SS NUMBER, COMMON REFERENCE NUMBER, DATE OF BIRTH, TAX IDENTIFICATION NUMBER, NAME, GENDER, CIVIL STATUS, ADDRESS IN THE PHILIPPINES, FOREIGN ADDRESS, TEL. NO., MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, MEMBERSHIP TYPE, and BANK NAME/BRANCH.

B. BENEFIT PAYMENT OPTION

Form section B with checkboxes for LUMP SUM, PENSION, and LUMPSUM AND PENSION, including fields for No. of Monthly Pensions and Lump-sum Amount.

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.

Form section C with fields for NAME OF REPRESENTATIVE IN PRINT and 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 and Date fields for the member.

Fingerprint fields for RIGHT THUMB and RIGHT INDEX.

PART II - TO BE FILLED OUT BY SSS

A. BENEFIT CLAIM INFORMATION

Table with columns: ACCOUNT SUMMARY, AMOUNT, and BENEFIT CLAIM. Rows include CONTRIBUTIONS, EARNINGS, LESS: MANAGEMENT FEES, TOTAL EQUITY, LESS: WITHDRAWALS, and NET EQUITY.

B. ACTION TAKEN

Form section B with checkboxes for APPROVED/DISAPPROVED and fields for RECEIVED / PROCESSED BY, SIGNATURE OVER PRINTED NAME, and DATE & TIME.

INSTRUCTIONS

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.