



VPF- 01217 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SSS P.E.S.O. FUND AMENDMENT 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 BELOW BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY ENROLLEE/MEMBER

A. PERSONAL DATA

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

B. NEW / ADDITIONAL BENEFICIARY/IES

Table for beneficiary information with columns: NAME (LAST, FIRST, MIDDLE, SUFFIX), RELATIONSHIP, DATE OF BIRTH. Includes rows 1 through 5.

C. DELETION OF BENEFICIARY/IES

Table for beneficiary deletion with columns: NAME (LAST, FIRST, MIDDLE, SUFFIX), RELATIONSHIP, DATE OF BIRTH. Includes rows 1 through 5.

D. CERTIFICATION

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

SIGNATURE OF ENROLLEE/MEMBER

DATE



PART II - TO BE FILLED OUT BY SSS

Form section D containing checkboxes for APPROVED, DISAPPROVED, FINDINGS, and NOT YET ENROLLED, along with RECEIVED / PROCESSED BY fields for SIGNATURE OVER PRINTED NAME and DATE & TIME.

INSTRUCTIONS

- 1. Fill out this form in one (1) copy without erasures and alterations.
2. Place a checkmark on the applicable box.
3. Always indicate "N/A" or "Not Applicable" if the required data is not applicable.
4. Present Unified Multi-Purpose ID (UMID)/ Social Security (SS) Card or any two (2) valid IDs (both with signature and at least one (1) with photo).
5. Submit this form personally to the nearest SSS branch office.