

REPUBLIC OF THE PHILIPPINES)

Province/City/Municipality of \_\_\_\_\_) S.S.

**CERTIFICATION UNDERTAKEN BY THE REPRESENTATIVE PAYEE OF A PERSON DEPRIVED OF LIBERTY (PDL)-MEMBER/BENEFICIARY/CLAIMANT/PENSIONER**

I, \_\_\_\_\_, of legal age, with SS Number or Common Reference Number (CRN) \_\_\_\_\_, and a resident of \_\_\_\_\_ hereby appointed as the Representative Payee of \_\_\_\_\_, with SS Number or CRN \_\_\_\_\_, who is a Person Deprived of Liberty and currently detained/confined at \_\_\_\_\_ and after having been sworn in accordance with law hereby states:

- 1. That the information provided in this form are true and correct to my knowledge and belief;
- 2. That I am not disqualified by law to act as Representative Payee;
- 3. That I am willing to abide by the terms and conditions of appointment which the Social Security Commission may set, as follows:
  - a. To spend the amounts of benefit proceeds paid to the Representative Payee solely for the benefit and advantage of the recipient;
  - b. To keep simple record of expenditure made from the amounts of benefits received, including receipts and other proofs of disbursements;
  - c. To keep such records, open for inspection by duly authorized representative of the SSS;
  - d. To render an accounting herein provided; and
  - e. To comply with the other terms and conditions as may be specified in the appointment;
- 4. That I acknowledge that at any time, the SSS has the right to recover or recall without the need for demand or judicial action any SSS benefits credited to the In-Trust-For bank account that I manage on behalf of \_\_\_\_\_ after my appointment is cancelled or for any other reason provided by the SSS;
- 5. That I consent to the SSS sharing my information with participating banks for an effective and efficient service, and for the attainment of SSS' mandate to provide social security; and
- 6. That I am executing this form to attest to the truth of the above-mentioned statements and to support the claim for the benefit of the herein-cited PDL-member/beneficiary/claimant/pensioner.

AFFIANT FURTHER SAYETH NAUGHT.

\_\_\_\_\_  
Signature Over Printed Name of  
Representative Payee

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Philippines, affiant having exhibited to me their valid government issued identification card \_\_\_\_\_ with no. \_\_\_\_\_ bearing their picture and signature as competent evidence of their identity known to me and to me known to be the same person who executed the foregoing instrument and they acknowledged to me that the same is their free and voluntary act and deed.

WITNESS MY HAND and official SEAL at the place and on the date first above written.

\_\_\_\_\_  
Notary Public

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Series of : \_\_\_\_\_