

# SPECIAL POWER OF ATTORNEY UNDERTAKEN BY THE PERSON DEPRIVED OF LIBERTY (PDL)-MEMBER/BENEFICIARY/CLAIMANT/PENSIONER

**KNOW ALL MEN BY THESE PRESENTS:**

I, \_\_\_\_\_, of legal age, a Person Deprived of Liberty and  
(NAME OF PDL-MEMBER/BENEFICIARY/CLAIMANT/PENSIONER)  
 currently detained/confined at \_\_\_\_\_, with  
(NAME OF CORRECTIONAL/PENITENTIARY INSTITUTION)  
 SS Number or Common Reference Number (CRN) \_\_\_\_\_, have appointed  
(SS NUMBER/CRN, IF ANY)  
 \_\_\_\_\_ of legal age, \_\_\_\_\_, my \_\_\_\_\_,  
(NAME OF REPRESENTATIVE PAYEE) (CIVIL STATUS) (RELATIONSHIP TO THE PDL-MEMBER/BENEFICIARY/CLAIMANT/PENSIONER)  
 with residence at \_\_\_\_\_  
(HOME ADDRESS OF REPRESENTATIVE PAYEE)  
 to be my true and lawful Representative Payee, for me and in my name, and stead to do and perform  
 acts, as follows:

1. File my \_\_\_\_\_ benefit claim application/s with the SSS and  
(TYPE/S OF BENEFIT)  
 other SSS-related transactions, such as but not limited to the following, as applicable:
  - a. Issuance of SS Number;
  - b. Change or correction of member or pensioner data;
  - c. Manual verification of records; and
  - d. Change of mode of benefit or pension disbursement.
2. Open an In-Trust-For (ITF) bank account in my favor in any bank participating in the disbursement of SSS benefits;
3. Enroll the ITF bank account with the SSS as required in the benefit claim application; and
4. Receive the benefit proceeds through the ITF bank account.

**VALIDITY OF AUTHORITY.** This Special Power of Attorney shall be valid and effective for a period of six (6) months from the date of execution hereof, unless earlier revoked by me in writing.

**HEREBY GIVING AND GRANTING** unto said Representative Payee full power and authority, to do and perform all acts and things whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as I might or could lawfully do or cause to be done by virtue thereof.

**IN WITNESS WHEREOF**, the parties hereby sign this Special Power of Attorney this \_\_\_\_\_ at the Province/City/Municipality of \_\_\_\_\_.

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME OF  
 PDL-MEMBER/BENEFICIARY/CLAIMANT/PENSIONER

Conforme:

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME  
 OF REPRESENTATIVE PAYEE

**SIGNED IN THE PRESENCE OF:**

---

**ACKNOWLEDGMENT**

REPUBLIC OF THE PHILIPPINES)  
Province/City/Municipality of \_\_\_\_\_ ) S.S.

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 SPECIAL POWER OF ATTORNEY, 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

Doc. No. : \_\_\_\_\_  
Page No. : \_\_\_\_\_  
Book No. : \_\_\_\_\_  
Series of : \_\_\_\_\_