

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.

		OUT BY THE MEMBE	K.	
	A. PERSOI		Σ.	
SS NUMBER	COMMON REFERENCE NUMBER	DATE OF BIRTH (MN	MDD/YYYY) ITAX IDEI	NTIFICATION NUMBER
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- X				
FOREIGN ADDRESS (IF APPLICABLE)			COUNTR	RY
TEL. NO. (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		
MEMBERSHIP TYPE	= 0 0 ==	14-147	<u></u>	
	elf-Employed	☐ Non-Working Spouse		s Filipino Worker (OFW)
BANK NAME/BRANCH	520	BANK ACCOUN	NO.	
	B. BENEFIT PA	MENT OPTION	¥1	
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☐ LUMP SUM ☐	PENSION	LUMPSUM AND PENSIC	ON	
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142		No. of Monthly Pensions:		
	C. BENEFIT CLAIM THRO	UGH REPRESENTATIVE		
I hereby auth	orize the person whose signature appears b	elow, duly verified by me to fil	e the benefit claim for n	ne.
NAME OF REPRESENTATIVE IN PRI	NT	SIGNATURE OF REPRESEN	ITATIVE	
	D. CERTIF	ICATION		
		-		
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I certify that the information prov fingerprints in the presence of an S	vided in this form are true and correct. (If me		25	
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INSTRUCTIONS

- Fill out this form in one (1) copy without erasures and alterations.
- Submit this form to the nearest SSS branch office.
- 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.