

**ARMED FORCES & POLICE SAVINGS AND LOAN ASSOCIATION, INC***(Authorized by the Bangko Sentral ng Pilipinas)*

EDSA cor Col Bonny Serrano Road, Camp Aguinaldo, Quezon City

MEMBERSHIP TERMINATION / CLOSURE OF ACCOUNT DUE TO DEATH**INSTRUCTIONS:**

- 1) Read the information at the back before filling-out this form.
- 2) Fill-out this form correctly, completely and legibly.
- 3) Print all entries and check appropriate boxes.

Place of Transaction:

-
- _____ BO
-
-
- _____ SO
-
-
- _____ Helpdesk

Date of Application:**Date Received:****PART I. DECEASED PERSONAL INFORMATION**

LAST NAME		FIRST NAME		EXTENSION NAME	MIDDLE NAME	DATE OF BIRTH: (Month/Day/Year)
RANK	SERIAL/ACCT NO.	BOS/EMPLOYER	STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Others			
HOME ADDRESS				LANDLINE NO.	CELLPHONE NO.	
CAUSE OF DEATH <input type="checkbox"/> Old Age <input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Service Related <input type="checkbox"/> Others					DATE OF DEATH (Month/Day/Year)	
PLACE OF DEATH (Complete address):						

PART II. CLAIMANT'S INFORMATION

LAST NAME		FIRST NAME		EXTENSION NAME	MIDDLE NAME
HOME ADDRESS (Complete Address)				LANDLINE NO.	CELLPHONE NO.
RELATIONSHIP TO DECEASED <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Others			MEMBERSHIP WITH AFPSLAI <input type="checkbox"/> Principal <input type="checkbox"/> Associate <input type="checkbox"/> Not Member		

I hereby declare under pain of perjury that the foregoing information are true and correct to the best of my knowledge. I understand that falsification or misrepresentation of material information contained herein resulting to the approval of my claims, on behalf of the deceased person, will make me liable under the laws. In case the deceased member has outstanding financial obligations with AFPSLAI, I hereby authorize AFPSLAI to deduct the same from the total termination proceeds.

- I hereby request AFPSLAI to close the deceased person's account/s prior to interest or EDA/dividend posting. In so doing, I am waiving whatever dividends will accrue to said account/s upon declaration of dividends.
- I hereby request AFPSLAI to close the deceased person's account/s after posting of the account/s entitled interest or EDA/dividend.
- I hereby request AFPSLAI to transfer the balance of the JOINT account of deceased person where I am co-depositor to my existing account, subject to the rules and regulations of AFPSLAI on transferred account balances due to death. I understand that transfer shall be effected during the Association's scheduled placement dates.

Also, by signing below, I/we agree with the AFPSLAI Privacy Notice pursuant to R.A. 10173 and hereby give my/our consent to the collection and processing of my/our personal data in accordance therewith.

(Claimant's Signature over printed name)_____
(Date)**AFPSLAI PORTION**

RECEIVED BY:	DATE RECEIVED:	DATE OF RELEASE:	RELEASED BY:
---------------------	-----------------------	-------------------------	---------------------

MEMBERSHIP TERMINATION CLAIM STUB

Name of Claimant:	Date Filed:	CLAIM NUMBER
Name of Deceased:	Received by:	

NATURE OF CLAIMS (please check applicable boxes)		NOTE: Please come back on _____ at the Cheque Releasing Counter to claim the termination proceeds. Make sure to comply with lacking requirements, if any, and bring at least 2 valid IDs. If a Representative will claim the cheque, kindly present a Special Power of Attorney (SPA) and valid IDs of the claimant and the representative. Before coming to AFPSLAI, you may call us first at telephone numbers _____ and look for _____ who will be happy to assist you. Thank you.
<input type="checkbox"/> ALMS Claim <input type="checkbox"/> Pension Account Proceeds <input type="checkbox"/> 01 Account Proceeds <input type="checkbox"/> CRI Claims <input type="checkbox"/> 02 Account Proceeds		
LACKING REQUIREMENTS		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

MEMBERSHIP TERMINATION DUE TO DEATH

<p>With Survivorship Agreement (regardless of amount)</p> <ol style="list-style-type: none"> Accomplished Membership Termination / Closure of Account Due to Death Form PSA-certified Death Certificate of Deceased Member or Death Certificate with Registry Number or Declaration of Presumptive Death Duly Notarized Affidavit of Undertaking AFPSLAI ID/Passbooks 2 valid IDs of Claimant 	
<p>Without Survivorship Agreement</p> <p>Capital Contribution Account/Time Deposit/02 Account – P50,000.00 and below</p> <p>If member died Single, proceeds will be automatically given to the surviving parents If member is married – proceeds will be automatically given to the surviving legal/legitimate spouse.</p>	<p>Capital Contribution Account/Time Deposit/02 Account – above P50,000.00</p> <p>All surviving legitimate heirs of the deceased member, whether married or single, shall be entitled to the termination proceeds according to the rules on intestate succession.</p>
<ol style="list-style-type: none"> Accomplished Membership Termination / Closure of Account Due to Death Form PSA-certified Death Certificate of Deceased Member or Death Certificate with Registry Number or Declaration of Presumptive Death Duly Notarized Affidavit of Undertaking AFPSLAI ID/Passbooks 2 valid IDs of Claimant Certificate of Legal Beneficiaries PSA-certified proof of relationship of claimant to deceased member (birth certificate, marriage contract, etc) 	<ol style="list-style-type: none"> All requirements stated under accounts without survivorship agreement including PSA-certified proof of relationship of claimant to the deceased (marriage certificate, birth certificate, whatever is applicable) Optional Requirement – Duly Notarized or Consularized Waiver of Rights from other Legal Claimants (if heirs reside abroad), in favor of one claimant alone supported by authenticated copies of at least 2 valid IDs of claimants who waive their rights, with 3 legible signatures at the bottom. Affidavit of Guardianship
<p>Pension Account – Regardless of Amount</p> <ol style="list-style-type: none"> Accomplished Membership Termination / Closure of Account Due to Death Form PSA-certified Death Certificate of Deceased Member or Death Certificate with Registry Number or Declaration of Presumptive Death Duly Notarized Affidavit of Undertaking AFPSLAI ID/Passbooks 2 valid IDs of Claimant Letter/Certificate of Refund of Pension from PVAO/Finance Center (c/o BCD-AFPSLAI) Declaration of Legal Beneficiaries/Decree of Final Distribution – applicable only to AFP/PNP pension; no need to submit if the pension is from PVAO Duly notarized Affidavit of Guardianship to Children of Minor Age/s 	
<p>ALMS Claims</p> <ol style="list-style-type: none"> Investigation/Spot or Casualty Report/Radio Message/Line of Duty Status Report for those who died in the line of duty (KIA) Burial and/or funeral receipts 	
<p>Special Requirements</p> <ol style="list-style-type: none"> Certificate of Last Payment from Finance Center (c/o BCD-AFPSLAI) – For active AFP/DILG members with existing deductions for loans and capital contributions Special Power of Attorney (SPA) – for transactions through Representatives 	

NOTES:

- Additional requirements, as determined by the Branch Head, may be required for complicated claims i.e. multiple claimants, lack of claimants, unclear identity, etc.*
- Lost ID/Passbook must be covered by a notarized Affidavit of Loss (AOL) which may be obtained from Legal Services Division or outside AFPSLAI. If obtained outside AFPSLAI, AOL need not pass thru Legal Services Division. In both cases, signature of the member must always be verified.*
- Valid ID includes dependent/military/police/pensioner's ID, company ID, Senior Citizen Card, SSS/GSIS ID, Voter's ID, Driver's License, Passport in the absence of valid IDs. NBI Clearance or other legal documents supporting his identity are acceptable. Postal ID is acceptable only if the claimant is unemployed.*
- Affidavit of Undertaking may be obtained outside or from Legal Services Division. It states that the account is the only money left by the decedent; he/she/they is/are the only heirs; and he/she/they will indemnify the Association for whatever damage and will keep the Association free and harmless from any liability for any claim/s that may be made later on by the legal heirs.*
- For AFP personnel, this is being issued by OTAG. For other personnel from the DILG and civilian employees, this may be issued by their respective employer. For associate members, Certificate of Legal Beneficiaries may be obtained from previous employer in company letterhead. Alternative requirements in the absence thereof are GSIS/SSS list of beneficiaries*