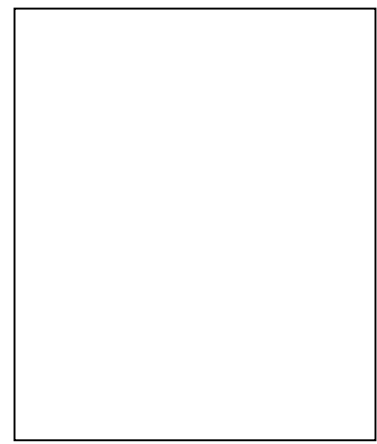


INP TRANSFEREE

- A beneficiary upon death of the INP retiree who either compulsory, optionally or TPPD retired from the service.

Note:

This form is deemed not submitted if some spaces are not filled up. Put N/A as the case may be. Non-submission will hold the release of the subsequent regular pension. This is for the conduct of inventory of pensioners nationwide.



1. Transferee's Data:

LAST NAME		FIRST NAME		MIDDLE NAME		QUALIFIER
2. Date of Birth (Mo, Day, Year)		3. Age	4. Postal (ZIP) Code		5. Telephone No. (Indicate Area Code)	
(House No, Street, Municipality, Province)						
6. Address:						
7. Religion		8. Citizenship		9. Sex (Check box) <input type="checkbox"/> Male <input type="checkbox"/> Female		
10.Weight: (kg)		11. Height (cm)		12. Blood Type		
13. Color of Eyes		14. Color of Hair		15. Other Identifying Marks		
16. Are you the legitimate surviving spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No				17. Date of Marriage		18. Place of Marriage
19. Have you re-married? <input type="checkbox"/> Yes <input type="checkbox"/> No						
20. Are you receiving monthly pension? (Check box) Yes <input type="checkbox"/> No <input type="checkbox"/> 20. If yes, since when? _____		21. How much is the present amount? P _____		22. How do you receive your pension? (Check Box) <input type="checkbox"/> Local Pick-up <input type="checkbox"/> RFSO <input type="checkbox"/> Authorized Rep <input type="checkbox"/> Thru Banks (Indicate name of bank) _____		
23. Are you also receiving pension from: GSIS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AFP <input type="checkbox"/> Yes <input type="checkbox"/> No NAPOLCOM <input type="checkbox"/> Yes <input type="checkbox"/> No Others _____						

Deceased INP Retiree Data

24. (Rank, Last Name, First Name, Middle Name, Qualifier)			
25. Date entered service in the INP	26. Date retired from the INP	27. Date of death	28. Mode of retirement from the INP (Check box) <input type="checkbox"/> Compulsory <input type="checkbox"/> TPPD <input type="checkbox"/> Others <input type="checkbox"/> Optional _____

29. Retirement Authority (General Order No. and Date): _____

I certify that the information herein are true and correct to the best of my knowledge. I have affixed my signature and/or thumbmark to attest to its truthfulness and correctness; thereby, I may be held liable for prosecution on any misrepresentation hereof.

Left	Right	

Signature of Pensioner _____ Date Signed _____

DO NOT FILL-UP THE BOX BELOW:

Verified By: _____ Records Section	Reviewed By: _____ NUP VICTORIA T DE CASTRO Chief ID Section, PRBS	Approved By:
Processed By: _____ ID Section In-Charge	Recommended By: _____ ROSALYN B CABRIGAS Police Chief Inspector Chief, Pension & Gratuity Div	

