

# INP SURVIVOR

- A beneficiary upon death of the member of the PNP while in the active 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. Survivor's Data:**

LAST NAME	FIRST NAME	MIDDLE NAME	QUALIFIER
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2. Date of Birth (Mo, Day, Year)	3. Age	4. Postal (ZIP) Code	5. Telephone No. (Indicate Area Code)
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6. Address: \_\_\_\_\_  
(House No, Street, Municipality, Province)

7. Religion	8. Citizenship	9. Sex (Check box) <input type="checkbox"/> Male <input type="checkbox"/> Female
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10.Weight: ( kg )	11. Height	12. Blood Type
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13. Color of Eyes	14. Color of Hair	15. Other Identifying Marks
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16. Relationship to the Deceased PNP Personnel:

<input type="checkbox"/> Wife	<input type="checkbox"/> Daughter	<input type="checkbox"/> Father	<input type="checkbox"/> Illegitimate child
<input type="checkbox"/> Husband	<input type="checkbox"/> Son	<input type="checkbox"/> Mother	<input type="checkbox"/> Others (allotee/guardian/CLW)

17. If surviving spouse, have you re-married?  Yes  No  
 18. If daughter/son, are you beyond eighteen (18) yrs old?  Yes  No  
 19. If allot tee, guardian, common-law-wife state in the space below the reason to be the recipient.

20. Are you receiving monthly pension? (Check box) Yes <input type="checkbox"/> No <input type="checkbox"/>	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. If yes, since when? _____		

24. Are you also receiving pension from: GSIS  Yes  No      AFP  Yes  No      NAPOLCOM  Yes  No  
 Others \_\_\_\_\_

**Deceased PNP Member Data**

25. (Rank, Last Name, First Name, Middle Name, Qualifier)

26. Date entered service:	27. Date of death:
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28. 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
<input type="text"/>	<input type="text"/>

Signature of Pensioner Date Signed

**DO NOT FILL-UP THE BOX BELOW:**

Verified By: _____ Records Section	Reviewed By: PSI MANUEL E NACAR JR Chief Inventory Section, PRBS	Approved By:
Processed By: _____ ID Section In-Charge	Recommended By: ROSALYN B CABRIGAS Police Superintendent Chief, Pension & Gratuity Div	