

**UPDATE and ID APPLICATION FORM**

# PNP RETIREE

## ( OPTIONAL )

**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. Principal Pensioner Personal Data:**

LAST NAME	FIRST NAME	MIDDLE NAME	QUALIFIER
-----------	------------	-------------	-----------

2. Pensioner's Rank	3. Date of Birth (Mo, Day, Year)	4. Age	5. Postal (ZIP) Code	6. Telephone No. (Indicate Area Code)
---------------------	----------------------------------	--------	----------------------	---------------------------------------

7. Address: \_\_\_\_\_  
(House No, Street, Municipality, Province)

8. Religion	9. Civil Status (Check box) Single <input type="checkbox"/> Widower <input type="checkbox"/> Married <input type="checkbox"/> Separated	10. Citizenship	11. Sex (Check box) Male <input type="checkbox"/> Female <input type="checkbox"/>
-------------	---	-----------------	---

12. Weight: ( kg )	13. Height (cm)	14. Blood Type
--------------------	-----------------	----------------

15. Color of Eyes	16. Color of Hair	17. Other Identifying Marks
-------------------	-------------------	-----------------------------

18. Date entered service	19. Date Retired	20. Mode of retirement (Check box) <input type="checkbox"/> Compulsory Retirement <input type="checkbox"/> TPPD <input type="checkbox"/> Optional Retirement <input type="checkbox"/> Others (specify) _____	
--------------------------	------------------	--	--

21. Retirement Authority (General Orders No. and Date): \_\_\_\_\_

22. Are you receiving monthly pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If yes, how much is the present amount? P _____	24. 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) _____
25. If yes, since when? _____		

26. Have you allotted part of your pension to another?  Yes  No  
If yes, state the name of the allottee/ guardian/ common-law-wife and reason for allotment

(Last Name, First Name, Middle Name, Qualifier)	Address	Relationship	Reason

27. Person to be notified in case of emergency:	Name	Relationship
---	------	--------------

28. Are you also receiving pension from: GSIS  Yes  No  AFP  Yes  No  NAPOLCOM  Yes  No  Others

**BENEFICIARY/IES DATA** (order of precedence)

I. Spouse legally married to the retiree while still in the service; legitimate, legitimated, legally adopted, illegitimate children born while in the active service

II. Parents

29. Names of beneficiaries (Last Name, First Name, Middle Name, Qualifier)	Address	Date of Birth	Civil Status	Relationship

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 style="width:100px; height:50px;" type="text"/>	<input style="width:100px; height:50px;" 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	