

AFPPGMC Form

Application for Claim of Unpaid Monthly Pension/Payment of Cancelled Checks

(Authority: Para 3c & 3d, Personnel Dir Nr 01-05 dtd 02 Jun 05)

Date: _____

The Chief
AFP Pension and Gratuity Management Center
Camp General Emilio Aguinaldo
Quezon City 1110

Sir,

I, _____, _____,
(Full Name of Applicant) (Age)
_____, of _____
(Date of Birth) (Present Permanent Address)
(to be accomplished if applicant is a beneficiary pensioner)
the _____ of _____
(Relation) (Name of Principal Pensioner)

is applying for claim of unpaid monthly pension / replacement of cancelled pension checks pursuant to Section 17 & 18 PD 1638/RA 340. Details of claim are as follows (state period of claim and reason for not receiving pension or for checks becoming stale. If more space is required, attached explanation/reasons)

Herewith are the pertinent documents relative to my application for unpaid monthly pension / payment of cancelled checks.

(_____) Pensioner Update Form

I declare, under the penalties of perjury pursuant to the provisions of existing laws that the information stated above are true and correct. Further I certify that the documents attached herewith provide authentic information to support my request/claim.

(Signature over printed name)

Note: Requirements for Principal

1. Pensioner Update Form (PUF)
2. Retirement Order
3. Marriage Contract
4. Pensioner ID
5. Pension Account (LBP/UCPB OR PVB)

For Widow:

1. Pensioners Update Form (PUF)
2. Retirement or Posth Order
3. Declaration of Legal Beneficiaries
4. Death Certificate (NSO)
5. Pensioner ID
6. Marriage Contract (NSO)
7. Pension Account (LBP/UCPB OR PVB)
8. NSO CRS form #5 (Advisory on Marriages)