



**PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION**

16<sup>th</sup> Floor Multinational Bancorporation Centre  
6805 Ayala Avenue, Salcedo Village, Makati City 1227  
Tel. No. 817-45-31 \* Fax No. 818-79-21 \* E-mail: [peraa@peraa.org](mailto:peraa@peraa.org)  
Website: <http://www.peraa.org>

**IMPORTANT: PLEASE READ CHECKLIST OF REQUIREMENTS & INSTRUCTIONS.**

APPLICATION FOR  REPURCHASE BENEFITS  SEPARATION-FROM-SERVICE BENEFITS

FULL NAME OF MEMBER \_\_\_\_\_ PERAA ID NO. \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_ EFFECTIVITY DATE OF RESIGNATION \_\_\_\_\_  
 LAST MONTHLY DEDUCTION FOR MULTI-PURPOSE LOAN (if any) \_\_\_\_\_

MONTH OF LAST CONTRIBUTION \_\_\_\_\_ CHECK TO BE:  MAILED  CLAIMED AT PERAA OFFICE  
 NAME AND ADDRESS OF PARTICIPATING INSTITUTION(S) \_\_\_\_\_ PERIOD OF EMPLOYMENT  
 (From most recent)

1. \_\_\_\_\_  
 2. \_\_\_\_\_

NAME AND ADDRESS OF NEW EMPLOYER, if any \_\_\_\_\_

**FOR REPURCHASE BENEFITS ONLY**  
 (Repurchase is the total withdrawal of membership from the Plan. The member gets 100% of his personal contributions plus earnings, if any, and all or a certain percentage of the school's contributions and earnings, depending on the policy on withdrawal or vesting policy adopted by the school).

The participating institution hereby agrees to the Repurchase and the withdrawing member hereby agrees to the participating institution's vesting policy.

BY:

_____	_____
Printed Name & Signature of Applicant	Printed Name & Signature of School's Authorized Signatory
_____	_____
Date	Designation
	_____
	Date

VESTING POLICY OF THE SCHOOL: \_\_\_\_\_  
 (Note: If the school has not yet adopted its vesting policy, the member gets only his personal share)

**FOR SEPARATION-FROM-SERVICE BENEFITS ONLY**  
 (Separation-from-Service Benefits is the partial withdrawal of membership from the plan. The member initially gets his personal contributions plus earnings. The school's contributions and earnings will be released to him or to his designated beneficiaries in case of death or upon reaching the Retirement Age prescribed by the school in its Retirement Plan Resolution).

By: \_\_\_\_\_ Approved & Certified Correct: \_\_\_\_\_

_____	_____
Printed Name & Signature of Applicant	Printed Name & Signature of School's Authorized Signatory
_____	_____
Date	Designation
	_____
	Date

BENEFICIARIES ENTITLED TO RECEIVE BENEFITS IN CASE OF DEATH:

	NAME	RELATIONSHIP	REVOCABLE	IRREVOCABLE
Primary:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Contingent:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

CLAIM STUB for  Repurchase  Separation-from-Service Benefits  
 Name of Member \_\_\_\_\_ Claim Received by \_\_\_\_\_  
 Address \_\_\_\_\_ Date Received \_\_\_\_\_  
 Employer \_\_\_\_\_ Follow up on or after \_\_\_\_\_  
 Tel # 817-45-31

**IMPORTANT: To claim checks, please read instructions.**

REPUBLIC OF THE PHILIPPINES)  
) S.S.

**RELEASE AND QUIT CLAIM**

KNOW ALL MEN BY THESE PRESENTS:

I, \_\_\_\_\_, of legal age, Filipino and a resident of \_\_\_\_\_, for myself, my heirs, representative, successors and assigns, do hereby RELEASE AND DISCHARGE, absolutely, irrevocably, wholly and fully the Board of Trustees of PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION, its officers, from all actions, claims, demands, and rights whatsoever pertinent to the kind of benefit I am claiming arising out and as a consequence of my membership in the said Association.

WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
Printed Name and Signature of Affiant

**SIGNED IN THE PRESENCE OF**

\_\_\_\_\_  
Printed Name and Signature

\_\_\_\_\_  
Printed Name and Signature

BEFORE ME, a Notary Public for and in \_\_\_\_\_, personally appeared \_\_\_\_\_ with Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_, known to me to be the same person who executed the foregoing instrument and he acknowledged to me that the same is his free and voluntary act and deed.

WITNESS MY HAND AND SEAL on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_\_\_, Philippines.

**NOTARY PUBLIC**

Until \_\_\_\_\_  
T.I.N. \_\_\_\_\_  
PTR # \_\_\_\_\_  
Issued at \_\_\_\_\_  
Issued on \_\_\_\_\_

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series \_\_\_\_\_

• *This document shall be valid only upon receipt of my PERAA check payment.*

## PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION

City of Makati  
Actuarial Department

### Instructions and checklist of requirements: REPURCHASE OR SEPARATION-FROM-SERVICE BENEFITS

Name of Member: \_\_\_\_\_ I.D. No.: \_\_\_\_\_  
School: \_\_\_\_\_

#### Checklist of Requirements:

- ✓ Duly accomplished Repurchase/Separation-Service-Benefit Form (ADM Form 4-B/Green form).
- ✓ Resignation Letter or Certificate of Termination.
- ✓ Certificate of Employment with inclusive dates.
- ✓ Certified true copy of Birth Certificate issued by National Statistic Office (NSO) OR latest Passport OR Affidavit of Birth attested by two disinterested persons AND Certification of No Record of Birth issued by your municipal Local Civil Registry.
- ✓ Duly accomplished and **NOTARIZED** Release and Quitclaim Form (attached).
- ✓ Photocopy of any two (2) valid ID cards with picture and clear signature (laminated company ID, new SSS/BIR ID, latest passport, driver's license).
- ✓ Special Power of Attorney if business will not be transacted personally.
- ✓ Termination Pay Law (TPL) form (in case of retrenchment) to be accomplished by the school.

*Note: Repurchase/Separation-from-Service Benefit Form, Certificate of Employment and Resignation Letter should be signed by the authorized signatories of the school.*

#### INSTRUCTIONS:

1. Submit only one copy of the application. Accomplish one type of claim only (i.e., either Repurchase Benefits or Separation-from-Service Benefits. Don't accomplish both.). Avoid erasures or alterations in your application and supporting papers.
2. Fill out all applicable blanks and check appropriate boxes. Print or type all entries, except the signature.
3. Submit duly accomplished form to your employer for signature of the authorized school official/representative who approves benefit claims. ONLY the names and signatures of the school officials on the Authorized Signature Form (ASF) submitted by the school will be honored.
4. Submit this duly accomplished form and other documents as indicated on the checklist of requirements to PERAA.

#### CONDITIONS FOR REPURCHASE

1. The withdrawing member is neither employed at nor transferring to a PERAA Participating Institution.
2. All Participating Institutions that contributed to any part of the accumulated value must consent the repurchase.
3. If the member has more than one annuity contract, the total value of all his annuities shall govern in determining whether a repurchase will be made under this rule.

#### ON SEPARATION-FROM-SERVICE BENEFITS

In case of termination from service without cause (e.g. retrenchment), the participating Institution may also request in writing that the portion of the Member's Accumulated /value arising from the school's contribution be paid to the withdrawing member in single sum for purposes of meeting its obligation under the Labor Code of the Philippines as amended. Voluntary resignation of an employee does not require an employer to give termination pay nor had any obligation under the Labor Code of the Philippines as amended. Thus, the school's share will be released only upon reaching the Retirement Age according to the provisions of the Plan.

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#### **For inquiries you may call:**

Actuarial Department  
Private Education Retirement Annuity Association  
Telephone No. 817-4531 / Fax No. 818-7921