



PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION

16th Floor Multinational Bancorporation Center
6805 Ayala Avenue, Salcedo Village, Makati City 1227
Tel. No. 817-45-31 • Fax No. 818-79-21 • E-mail: peraa@peraa.org
Website: <http://www.peraa.org>

IMPORTANT: PLEASE READ CHECKLIST OF REQUIREMENTS & INSTRUCTIONS.

APPLICATION FOR

RETIREMENT
BENEFITS

DISABILITY
BENEFITS

DEATH
BENEFITS

FULL NAME OF MEMBER _____ PERAA ID NO. _____
Last Name First Name Middle Initial

MAILING ADDRESS _____ TEL.NO. _____

DATE OF BIRTH _____ AGE: _____ EFFECTIVITY DATE OF RETIREMENT _____

NAME AND ADDRESS OF PARTICIPATING INSTITUTION/S (From most recent) 1. _____ PERIOD OF EMPLOYMENT _____
2. _____

LAST MONTHLY DEDUCTION FOR MULTI-PURPOSE LOAN (if any) _____

MONTH OF LAST CONTRIBUTION _____ CHECK TO BE: MAILED CLAIMED AT PERAA OFFICE

FOR RETIREMENT BENEFITS ONLY: Date of Retirement: _____

BENEFIT OPTIONS:

- 100% Lump sum
- 5-Year Annuity Certain, if applicable
- Life Annuity with 5 years Guaranteed Minimum
- Life Annuity with 10 years Guaranteed Minimum
- Straight Life Annuity
- Joint and 1/2-to-Survivor Life Annuity
- 15% Lump Sum plus a Reduced Life Annuity with 5 years Guaranteed Minimum
- 15% Lump Sum plus a Reduced Life Annuity with 10 years Guaranteed Minimum
- 15% Lump Sum plus a Reduced Life Annuity with 10 years Guaranteed Minimum
- 30% Lump Sum plus a Reduced Life Annuity with 5 years Guaranteed Minimum
- 30 % Lump Sum plus a Reduced Life Annuity with 10 years Guaranteed Minimum
- 50% Lump Sum plus a Reduced Life Annuity with 5 years Guaranteed Minimum
- 50% Lump Sum plus a Reduced Life Annuity with 10 years Guaranteed Minimum

MANNER OF ANNUITY PAYMENT: Monthly Quarterly Semi-Annually Annually

FOR DISABILITY BENEFITS ONLY: Date of Total Permanent Disability: _____

FOR DEATH BENEFITS ONLY: Date of Death of Member: _____

APPLICANT'S FULL NAME (designated Beneficiary) _____

RELATIONSHIP TO MEMBER _____

MAILING ADDRESS _____

BY:

Name and Signature of Applicant

CERTIFIED CORRECT BY:

Name and Signature of School's Authorized Signatory

Date

Designation

Date

CLAIM STUB FOR Retirement Disability
Name of Member _____
Address _____
Employer _____

Death
Claim Received by _____
Date Received _____
Follow up on or after _____
Tel # 817-45-31

IMPORTANT: To claim checks, please bring requirements.

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: RETIREMENT BENEFITS

Name of Member: _____ I.D. No.: _____

School: _____

INSTRUCTIONS:

1. Submit only one copy of a complete application. Avoid erasures or alterations in your application and supporting papers.
2. Fill out all applicable blanks and check all appropriate boxes. Print or type all entries, except for signature.
3. Submit the complete 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/representatives appearing on the Specimen Signature Card submitted by the school will be honored.**
4. Submit the complete form and other requirements as indicated to PERAA.
5. To claim your checks, please present at least two (2) valid Identification Cards (e.g. laminated company ID, new SSS ID, new BIR ID, driver's license, PRC ID, latest passport).
6. If a representative will claim the check, a special power of attorney should be presented.

Checklist of Requirements:

- ✓ Duly accomplished Retirement Form (ADM 4-A/Blue form).
- ✓ **Certificate of Employment** with inclusive dates (indicating the first and last day of service).
- ✓ Photocopy of **Birth Certificate** issued by the Local Civil Registrar or Baptismal Certificate or latest Passport. In the absence of these documents, please submit a certification from the Office of the Civil Registrar General or Local Civil Registry Office that no records are available AND an Affidavit of Birth attested by two disinterested persons, notarized by a Notary Public **ONLY**.
- ✓ Release and Quit Claim (RQC) Form* (attached).
- ✓ Photocopy of any two (2) valid ID cards with picture and clear signature.

Note: Retirement Form and Certificate of Employment should be signed by the authorized signatory of the school.

** Notarized by a Notary Public*

For inquiries you may call:

Actuarial Department
Private Education Retirement Annuity Association
Telephone No. 817-4531
Fax No. 818-7921
E-mail: peraa@peraa.org
Website: <http://www.peraa.org>

PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION

City of Makati
Actuarial Department

Instructions and checklist of requirements: DISABILITY BENEFITS

Name of Member: _____ I.D. No.: _____

School: _____

INSTRUCTIONS:

1. Submit only one copy of a complete application. Avoid erasures or alterations in your application and supporting papers.
2. Fill out all applicable blanks and check all appropriate boxes. Print or type all entries, except for signature.
3. Submit the complete 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/representatives appearing on the Specimen Signature Card submitted by the school will be honored.**
4. Submit the complete form and other requirements as indicated to PERAA.
5. To claim your checks, please present at least two (2) valid Identification Cards (e.g. laminated company ID, new SSS ID, new BIR ID, driver's license, PRC ID, latest passport).
6. If a representative will claim the check, a special power of attorney should be presented.

Checklist of Requirements:

- ✓ Duly accomplished Disability Form (ADM 4-A/Blue form).
- ✓ **Certificate of Employment** with inclusive dates (indicating the first and last day of service).
- ✓ Photocopy of **Birth Certificate** issued by the Local Civil Registrar or Baptismal Certificate or latest Passport. In the absence of these documents, please submit a certification from the Office of the Civil Registrar General or Local Civil Registry Office that no records are available AND an Affidavit of Birth attested by two disinterested persons, notarized by a Notary Public **ONLY**.
- ✓ Release and Quit Claim (RQC) Form* (attached).
- ✓ Photocopy of any two (2) valid ID cards with picture and clear signature.
- ✓ Photocopy of approved SSS Disability Claim.
- ✓ Physician's Certification of PERMANENT TOTAL DISABILITY (PTD) acceptable to the school.
- ✓ School's acceptance of the Physician's Certification of PTD of member.

Note: Disability Form and Certificate of Employment should be signed by the authorized signatory of the school.

** Notarized by a Notary Public*

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