

REQUEST FOR CANCELLATION OF MUTUAL AID SYSTEM (MAS)
MEMBERSHIP

DATE: _____

TO: **PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION**
245 Banawe St., Quezon City

This is to request your office for the cancellation of my **MAS membership under Certificate #** _____ and to withdraw the corresponding equity value thereof less indebtedness and other charges, if applicable.

IN CASE OF RETIREMENT PLAN MEMBERSHIP:

I understand that upon cancellation of my MAS membership, my MRBS and/or NMRBS membership, if any, will also be automatically cancelled.

Upon favorable consideration of the above request and surrender of my MAS Certificate for cancellation, the actual payment of the net proceeds will constitute full settlement and waiver of all rights and claims on the policy and against PPSTA.

I undertake to inform my beneficiaries / Legal Heirs that they will no longer receive any benefit from PPSTA in view of the termination of my membership.

MAS Member (Signature over printed name)

Division No. – Station No. – Employee No.

Date of Birth

Contact Number

Mailing Address

Requirements: in ACTIVE Service

- * Request for Cancellation of MAS
- * Surrender MAS certificate, in case of loss, submit Affidavit of Loss
- * Photocopy Latest Payslip – No PPSTA Deduction
- * Photocopy of two valid IDs reflecting clear signature
- * Original Endorsement Letter from Chapter President

Requirements: For RETIRED

- * Request for Cancellation of MAS
- * Surrender MAS certificate, in case of loss, submit Affidavit of Loss
- * Photocopy of GSIS Voucher or Updated Service Record with Retirement Date
- * Photocopy of two valid IDs reflecting clear signature