PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION, INC.
"Bayani ka, gurong Pilipino. Ang PPSTA, Kumakalinga sa iyo!"
PPSTA Bldg No.2, 245 Banawe Street, Quezon City
Claims Department
Website: www.ppsta.net Email Addresses: ppstaclaims@yahoo.com and support@ppsta.net
Tel. No. (02) 8988-1415 loc. 119,121,137 -138 & 142-143

APPLICATION FORM
NEW MUTUAL RETIREMENT BENEFIT SYSTEM – EARLY REDEMPTION PROGRAM (NMRBS-ERP)

DATE: _____

Sir / Madam:

I have the honor to avail of the New Mutual Retirement Benefit System **(NMRBS) EARLY REDEMPTION PROGRAM (ERP)**. Enclosed are the following documents:

1. **NMRBS** Certificate of Membership
   In case of loss**, Affidavit of Loss** (re: PPSTA **NMRBS** Certificate)
1. **Signed (conforme section) Letter of Invitation**
1. **Clear** photocopy of **two (2) Valid ID's** with signature (back and front)

Upon receipt of the proceeds of the said benefit, I shall release and forever discharge the Association, its assigns and successors-in-interest from any similar claims whatsoever arising from my membership with the Association.

Specimen Signatures

_____ _____
Signature over printed name of member

_____ _____
Mobile Number

_____
Present Address

Reminder:
* This application must be originally signed by the applicant.
* The signature in this application must be similar with the applicant's signature in the valid IDs that he/she will submit.
* Strictly No Erasure and Tampering.

Please send my PPSTA NMRBS-ERP proceeds thru:

☐ **BDO Bank Remittance** ***(Note: Reference Number will be sent at stated Mobile Number)*** ☐☐☐☐--☐☐☐--☐☐☐☐

☐ **Direct Deposit to Personal Account** ***(Note: Commercial Banks Only)***

To ensure that we are crediting the correct bank account, kindly provide the accurate bank account and personal details listed below for us to deposit your check.

1. **Account Name**: _____

2. **Name of Bank**:_____

3. **Bank Account Number**: _____ **Account Type**: ☐ **Current** ☐**Savings** ☐**Others**

4. **Bank Address/Branch**:_____

5. Any of the following scanned or photographed copy of your record or evidence of bank account **CLEARLY** showing both **ACCOUNT NAME** and **ACCOUNT NUMBER**

5a. Bank account Passbook
5b. Validated deposit slip
5c. Bank Statement of Account
5d. Screenshot of online banking account details

In the event of the approval of my application for NMRBS-ERP, I hereby authorize PPSTA to credit the proceeds of the said benefit to my personal account I have indicated.

☐ **Regional Office** _____

☐ **Mailing Address** _____

_____
Signature over printed name of member