



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

ENDOWMENT BENEFIT UNDER MUTUAL AID SYSTEM 65 (MAS-65)

DATE: _____

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

This is to request from your office the availment of my MAS65 endowment benefit under Certificate # _____.

I understand that upon release of this benefit, my death aid under the MAS65 is reduced to Php 150,000.00. Moreover, availment of the benefit terminates accidental death benefit coverage.

_____ Printed name of MAS member	_____ Signature	_____ Division No.- Station No.–Employee No.
_____ Date of Birth of Member	_____ Mobile Number	_____ E-mail Address
_____ Mailing Address		

REQUIREMENTS FOR ENDOWMENT BENEFIT (to be attached to this application form)

1. Photocopy of two valid IDs reflecting clear signature
2. Original Birth Certificate issued by PSA

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 two valid IDs required of him/her to submit.
- Strictly No Erasure and Tampering.

Please send my PPSTA MAS-65 Endowment benefit proceeds thru:

☐ BDO Bank Remittance (Note: Reference Number will be sent at stated Mobile No.)

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☐ 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 MA-65 endowment benefit, I hereby authorize PPSTA to credit the proceeds of the said benefit to my personal account I have indicated.

☐ Regional Office _____

☐ Mailing Address _____

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.

Signature over printed name of MAS member