



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

CANCELLATION OF OLD MUTUAL AID SYSTEM (MAS) MEMBERSHIP

DATE: _____

THE GENERAL MANAGER

PPSTA, 245 Banawe Street

Quezon City

Thru: **THE PPSTA CLAIMS DEPARTMENT**

I wish to withdraw my corresponding equity value under the Old Mutual Aid System (MAS) of your prestigious organization.

Hoping for your immediate action on my request.

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 CANCELLATION OF OLD MAS MEMBERSHIP: (to be attached to this application form)

1. Photocopy of two valid IDs reflecting clear signature
2. Original Birth certificate, in case of discrepancies

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 OLD MAS 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 cancellation of Old MAS membership, 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