

PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION (PERAA)

16th Floor Multinational Bancorporation Centre
6805 Ayala Avenue, Salcedo Village, City of Makati
Tel. No. (02) 817-4531 Fax No. (02) 818-7921 E-mail: peraa@peraa.org Website: <http://www.peraa.org>

IMPORTANT: PLEASE READ THE CHECKLIST OF REQUIREMENTS AND THE INSTRUCTIONS AT THE BACK OF THIS FORM.

APPLICATION FOR

REPURCHASE BENEFITS

SEPARATION-FROM-SERVICE BENEFITS

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

MAILING ADDRESS _____ CONTACT NO. _____

DATE OF BIRTH _____ AGE _____ EFFECTIVITY DATE OF RESIGNATION _____ TIN #: _____

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

NAME AND ADDRESS OF PARTICIPATING INSTITUTION(S) (From most recent) PERIOD OF EMPLOYMENT

1. _____

2. _____

NAME AND ADDRESS OF NEW EMPLOYER, if any _____

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

APPLYING FOR REPURCHASE BENEFIT

Repurchase is the total withdrawal of membership from the Plan. The member gets 100% of his personal contributions plus earnings, if any, and all or a certain percentage of the school's contributions and earnings, depending on the policy or vesting policy adopted by the school.

The participating institution hereby agrees to the Repurchase and the withdrawing member hereby agrees to the participating institution's vesting policy.

By:

Approved by:

Printed Name & Signature of Claimant

Printed Name & Signature of School's Authorized Signatory

Date

Designation

Date

VESTING POLICY OF THE SCHOOL: _____

(Note: If the school has not yet adopted its vesting policy, the member gets only his personal share)

APPLYING FOR SEPARATION-FROM-SERVICE BENEFIT

Separation-from-Service is the partial withdrawal of membership from the plan. The member initially gets his personal contributions plus earnings. The school's contributions and earnings will be released to him upon reaching the Early Retirement Age (ERA) as stipulated by the school in its Retirement Plan Resolution or to his designated beneficiaries in case of death.

By:

Approved by:

Printed Name & Signature of Claimant

Printed Name & Signature of School's Authorized Signatory

Date

Designation

Date

CLAIM STUB for Repurchase Benefits Separation-from-Service Benefits

Name of Member: _____ Follow up on or after: _____

Address: _____ Received by/Date Received: _____

Employer: _____ For inquiries, pls. call: Tel # (02) 817-45-31 email address: memberservices@peraa.org

IMPORTANT: To claim check, please present 2 valid identification cards (e.g., school ID, PRC license, Driver's license, SSS ID, BIR ID, etc).

CHECKLIST OF REQUIREMENTS:

Duly accomplished ADM Form 4-B (Green).

Certificate of Employment with inclusive dates (indicating first and last day of service) signed by the authorized signatory of the school.

Resignation Letter signed by the authorized signatory of the school.

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 Civil Registrar or Local Civil Registry that no records are available AND Affidavit of Birth attested by two disinterested persons notarized only by a notary public.

Release and Quitclaim Form notarized by a notary public. If claimant is already living abroad, the form should be authenticated by the Philippine consulate in that area. (*sample form attached*).

Photocopy of 2 valid ID cards with clear signature & picture (e.g., school ID, PRC license, SSS ID, BIR ID, Driver's license). The photocopy should also be signed by the claimant. Please indicate your (TIN) Tax Identification Number.

Multi-Purpose Loan (MPL) latest voucher, if any, or certificate of loan payment.

In case of termination of employment from the school:

Certificate of Termination signed by the authorized signatory of the school and the claimant.

If separation is due to termination without cause, Termination Pay Law (TPL) form signed by the authorized signatory of the school (*form is available upon request*).

Establishment Termination Report submitted to DOLE.

INSTRUCTIONS:

1. Apply for ONE type of claim only (i.e., either Repurchase Benefit or Separation-from-Service Benefit. Please read the conditions below, DO NOT accomplish both.).
 2. Print or type all entries, except for signature. Fill out all applicable blanks and check appropriate boxes. Avoid erasures or alterations in your application and supporting documents.
 3. Submit duly accomplished form to your school's authorized signatory for approval. **ONLY** the names and signatures of the school official/representative on the Authorized Signature Form (ASF) submitted by the school to PERAA will be honored. If a
 4. representative will claim the check, a special power of attorney must be presented.
 5. Submit ONE copy of the signed and approved application form and other documents as indicated on the checklist.
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CONDITIONS FOR REPURCHASE BENEFIT:

1. The withdrawing member is neither employed nor transferring to a PERAA Participating Institution.
2. All Participating Institutions that contributed to any part of the accumulated value must consent the repurchase. 3.
If the member has more than one annuity contract, the total value of all his annuities shall govern in determining whether a repurchase will be made under this rule.

CONDITIONS FOR SEPARATION-FROM-SERVICE BENEFITS:

In case of termination from service without cause (e.g. retrenchment), the Participating Institution may also request in writing that the member's employer share be paid to the withdrawing member in single sum for purposes of meeting its obligation under the Labor Code of the Philippines as amended. Voluntary resignation of an employee does not require an employer to give termination pay nor had any obligation under the Labor Code of the Philippines as amended. Thus, the school's share will be released only upon reaching the Early Retirement Age according to the provisions of the Plan.

For inquiries, please call Members Services Department at Tel # (02) 817-45-31

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.*

