



PERAA Fund
CHANGE OR ADDITION FORM (CF)

PLEASE READ INSTRUCTIONS AT THE BACK BEFORE FILLING UP. ALL DATA MUST BE IN PRINT.

TIN Number

PERAA ID NUMBER

(For PERAA use only)

SURNAME	GIVEN NAME	MIDDLE NAME	DATE OF BIRTH		
			Mo.	Day	Year

ADDRESS (No. Street & Subdivision)	(Barangay)	(Town District)	(City Province)	POSTAL CODE

1. **CORRECTION OF NAME:** (please submit a birth certificate or any document attesting to the change)

From _____ To _____

2. **CORRECTION OF DATE OF BIRTH:** (please submit a birth certificate or any document attesting to the change)

From _____ To _____

3. **CHANGE OF CIVIL STATUS:**

MARRIED WIDOWED ANNULLED SEPARATED

To be filled up by women only:

MAIDEN NAME: _____

MARRIED NAME: _____

4. **NEW/ADDITIONAL BENEFICIARY(ies):**

NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	REMARKS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of minor beneficiary/ies (below 18 years old), please assign a guardian who should be over 18 years of age (excluding yourself).

➔ **NAME OF GUARDIAN** _____

Relationship to minor _____

5. **CHANGE/REMOVAL OF BENEFICIARY(ies):**
Previously reported beneficiary(ies) to be changed:

FROM:	NAME	TO:	NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	REMARKS
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

In case of minor beneficiary/ies (ages below 18), please assign a guardian who should be over 18 years of age (excluding yourself).

➔ **NAME OF GUARDIAN** _____

Relationship to minor _____

I hereby certify that all information above are true and correct, understood by me and that I bind myself to all the provisions of PERAA Plan Resolution and other related documents. Also, I understand and agree that by signing herein, I voluntarily authorized and consented to the use, disclosure and processing of my Personal Data to PERAA Fund which shall in turn will preserve the confidentiality of the information provided pursuant to the provisions of the Republic Act No. 10173 or the Data Privacy Act of 2012.

Member's Signature Over Printed Name

Date Accomplished

CERTIFIED BY:

School's Authorized Signatory Over Printed Name

Position

FOR PERAA USE ONLY

DATE RECEIVED: _____

BY: _____

Name/Address of School:

The Change or Addition Form (CF)

1. Submission of this form will amend or update personal details in the previously submitted Member's Record (MR) or Change/Addition Form (CF) to PERAA Fund. Hence, if there is no MR filed yet the member cannot submit a CF since there is no basis for correction/addition.
2. Accomplish this form in duplicate.
3. Please have this form certified correct by the school's authorized signatory.
4. Unless specified under the Remarks column of the Beneficiary Information, your designated beneficiary/ies will be considered as **primary** beneficiary/ies.
 - In case of member's death, the **primary** beneficiary/ies will receive the benefit.
 - In the event of death of all primary beneficiary/ies, the **contingent** beneficiary/ies will receive the benefit, if any.
5. A member, at any time, may change his/her beneficiary/ies
6. Please fill in this form correctly to avoid delay in processing and send to:



Private Education Retirement Annuity Association Fund

16/F Multinational Bancorporation Centre
6805 Ayala Avenue, Salcedo Village, Makati City 1227

Tel. No. (02) 8817-4531, 8817-4544 • Fax No. (02) 8818-7921, 8889-9884

E-mail: memberservices@peraa.org • peraa@peraa.org