

PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION FUND (PERAA Fund)

16th Floor Multinational Bancorporation Centre, 6805 Ayala Avenue, Salcedo Village, City of Makati
Tel. No. (02) 8817-4531 • Fax No. (02) 8818-7921/8889-9884 • 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

**RETIREMENT
BENEFIT**

**DISABILITY
BENEFIT**

**DEATH
BENEFIT**

A. TO BE FILLED OUT BY MEMBER/EMPLOYEE

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

MAILING ADDRESS _____ TIN NO. _____

DATE OF BIRTH _____ AGE _____ E-MAIL ADDRESS _____ CONTACT NO. _____

LAST DAY OF EMPLOYMENT _____ MONTH OF LAST CONTRIBUTION _____

NAME AND ADDRESS OF RECENT EMPLOYER/INSTITUTION _____

B. TO BE FILLED OUT BY EMPLOYER/INSTITUTION

Benefit Check to be:

MAILED TO SCHOOL

DEPOSITED TO MEMBER'S ACCOUNT

Savings

PICKED-UP BY SCHOOL REPRESENTATIVE

Bank/Branch _____

Current

Acct. No. _____

C. PLEASE CHECK (✓) ONE TYPE OF BENEFIT ONLY

RETIREMENT BENEFIT ONLY: Date of Retirement: _____

(Please designate a beneficiary, in case of death for additional check, if any). This will apply only for those who do not have Member's Record.

Designated BENEFICIARY/IES	RELATIONSHIP TO MEMBER
1.	
2.	

DISABILITY BENEFIT ONLY: Date of Total Permanent Disability: _____

(Please designate a beneficiary, in case of death for additional check, if any). This will apply only for those who do not have Member's Record.

Designated BENEFICIARY/IES	RELATIONSHIP TO MEMBER
1.	
2.	

DEATH BENEFIT ONLY: Date of Death of Member: _____

APPLICANT'S FULL NAME (Designated Beneficiary) _____

RELATIONSHIP TO MEMBER _____

MAILING ADDRESS _____

Member/Beneficiary understands and agrees that by signing herein, he has voluntarily authorized and consented to the use, disclosure and processing of his 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.

The Participating Institution hereby approves and authorizes PERAA to process and release the benefits to the Member/Beneficiary.

Printed Name of Member/Beneficiary

Printed Name of School's Authorized Signatory

Signature

Signature

Designation

Date _____

Date _____

CLAIM STUB for

Retirement Benefit

Disability Benefit

Death Benefit

Name of Member _____

Follow up on or after _____

Address _____

Received by/Date Received _____

Employer _____

For inquiries, pls. call: Tel # (02) 8817-4531 local 139 or 150

IMPORTANT: To claim check, please present two (2) valid identification cards and authorization letter from the school's authorized signatory.
 This form may be reproduced or can be downloaded thru the PERAA website at <http://www.peraa.org>

CHECKLIST OF REQUIREMENTS:

FOR RETIREMENT BENEFIT:

1. Duly accomplished Benefit Claim Form A.
2. Certificate of Employment with Inclusive Dates (CEID). Certification should indicate the first day of employment and the date employee was officially retired by the institution.
3. Birth Certificate or acceptable proof of birth.
4. Photocopy of any two (2) valid ID cards* with clear signature & picture.
5. Release and Quit Claim Form notarized by a Notary Public.

DISABILITY BENEFIT:

1. Duly accomplished Benefit Claim Form A.
2. Certificate of Employment with Inclusive Dates (CEID) indicating first and last day of service.
3. Physician's Certification of Disability noted by the school's authorized signatory.
4. School's acceptance letter of the physician's certificate.
5. Birth Certificate or acceptable proof of birth.
6. Photocopy of any two (2) valid ID cards* with clear signature & picture.
7. Release and Quit Claim Form notarized by a Notary Public.
8. Certificate of Tax Exemption (CTE) issued by the BIR Regional Office.

DEATH BENEFIT: (Please verify with PERAA, for the designated beneficiary/ies of the member, if any)

1. All designated beneficiary/ies must accomplish Benefit Claim Form A.
2. Certificate of Employment with Inclusive Dates (CEID) indicating first and last day of service.
3. Death Certificate of the deceased member and deceased beneficiary/ies, (if applicable).
4. Birth Certificate or acceptable proof of birth of deceased member and designated beneficiary/ies.
5. Marriage Contract (if applicable).
6. Notarized Affidavit of Release of beneficiary/ies.
7. Photocopy of any two (2) valid ID cards* of all beneficiary/ies with clear signature & picture.
8. Certificate of Tax Exemption (CTE) issued by the BIR Regional Office.

*Valid Identification Cards:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| • Unified Multi-Purpose ID | • Driver's License | • License to Carry Firearms |
| • SSS ID | • PRC License | • Postal ID |
| • GSIS ID | • Senior Citizen Card | • Company or School ID |
| • BIR ID | • Pag-IBIG Membership Card | • NBI Clearance |
| • Voter's ID | • Philhealth Membership Card | • PERAA Membership Card |
| • Passport | | |

Note: Please affix three (3) specimen signatures across the side of your submitted photocopy of valid IDs.

➤ *Additional documents may be required for special cases.*

INSTRUCTIONS:

1. Print all the information in capital letters. Fill out all the blanks and appropriate boxes must be checked. Affix your signature for any erasures.
2. School's authorized signatory for benefit claims must sign the accomplished form.
3. Submit the accomplished form to PERAA together with the corresponding documentary requirements (please refer to our checklist).
4. A Special Power of Attorney must be submitted, if a representative will claim the check.
5. Subject to the approval of the employer, the benefit may be deposited to the member's bank account. The benefit can be deposited to any of the following banks *except for Cash Deposit Accounts*.

- | | | |
|--------------|--------------------------------|-----------------|
| • UCPB | • Metro Bank | • China Bank |
| • BDO | • PNB | • RCBC |
| • BPI | • Land Bank of the Philippines | • PBCom |
| • Union Bank | • Security Bank | • EastWest Bank |

CONDITIONS FOR RETIREMENT BENEFITS:

1. The retirement age bracket is from age 50 to 70. Normal Retirement, Early Retirement and Late Retirement Ages will be based on Retirement Plan Resolution (RPR) adopted by each Participating Institution.
2. Any employee may be retired upon reaching the Normal Retirement Age as adopted by each PI in the RPR (e.g. Age 60).
3. Early Retirement and Late Retirement are subject to the approval of the PI.
4. Retirement Benefit is fully vested on the member and will be released fully to the retiree.
5. Retirement Benefit is exempted from taxes subject to the conditions set by Republic Act No. 4917. Otherwise, appropriate taxes will be applied.

DISABILITY BENEFITS:

1. The employee may apply for Disability Benefits subject to the approval of the Participating Institution, provided such disability is total and permanent.
2. A certification by a doctor recognized by the PI that disability is total and permanent.
3. Disability Benefit is equivalent to the member's Total Accumulated Value (TAV), unless otherwise stipulated in the RPR and will be released in lump-sum.
4. Disability Benefit is exempted from taxes upon submission of Certificate of Tax Exemption (CTE).

DEATH BENEFITS:

1. When an employee-member dies of any cause (natural or accident), the beneficiary/ies designated in his Member's Record (MR) will receive the Death Benefit in lump-sum equivalent to the TAV of the member, unless otherwise stipulated in the RPR. In case the member failed to accomplish and submit an MR, his legal heirs as determined by Philippines laws will receive the benefits.
2. For contributing members, his beneficiary/ies may be entitled to the Minimum Death Benefit (MDB) grant provided he satisfies all conditions for the MDB.
3. Death Benefit is exempted from taxes upon submission of Certificate of Tax Exemption (CTE).

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 Members of the Board of Trustees of PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION (PERAA) as Trustees of the PERAA Fund, the officers and employees, from any and 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.

IN WITNESS WHEREOF, I hereby hereunto set my hand this ____ day of _____, 20__ at _____, Philippines.

Printed Name and Signature of Affiant

ACKNOWLEDGEMENT

BEFORE ME, A Notary Public for and in _____, personally appeared _____, exhibited his/her _____ issued at _____ on _____, 20__, as his/her competent evidence of identity known to me the same person who executed the foregoing instrument and acknowledged to me the same is free and voluntary act and deed.

WITNESS MY HAND AND SEAL on ____ day of _____, 20__ at _____, Philippines.

NOTARY PUBLIC

Doc. No.: _____
Page No. _____
Book No. _____
SERIES OF _____

Until
T.I.N.
PTR #
Issued at
Issued on

**** This document shall be valid only upon receipt of my PERAA check payment. ****