



PLS. READ INSTRUCTIONS AT THE BACK BEFORE FILLING UP THE FORM

1 X 1
LATEST PHOTO
PRINTED NAME
AT THE BACK

SSS No.

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TIN

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PERAA ID NUMBER

(For PERAA use only)

--	--	--	--	--	--	--	--	--	--	--

Surname

Given Name

Middle Name

Sex

M

F

Civil Status

S

M

W

Date of Birth

Mo. Day Year

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Place of Birth

Permanent Mailing Address (No. & Street, City/Town/Province)

Tel. No.

BENEFICIARIES

PRIMARY	Date of Birth			Relationship to You	Revocable	Irrevocable
	Mo.	Day	Year			
_____				_____	<input type="checkbox"/>	<input type="checkbox"/>
_____				_____	<input type="checkbox"/>	<input type="checkbox"/>
_____				_____	<input type="checkbox"/>	<input type="checkbox"/>
_____				_____	<input type="checkbox"/>	<input type="checkbox"/>
CONTINGENT						
_____				_____	<input type="checkbox"/>	<input type="checkbox"/>
_____				_____	<input type="checkbox"/>	<input type="checkbox"/>
_____				_____	<input type="checkbox"/>	<input type="checkbox"/>
_____				_____	<input type="checkbox"/>	<input type="checkbox"/>

In case of minor beneficiaries (ages below 18), please assign a guardian who should be over 18 years of age.

Name of Guardian

Relationship to minor

TO BE FILLED OUT BY EMPLOYER

Present Employer: Name _____ (Institution) Address _____ Tel. No. _____

Date of Employment

Mo. Day Year

--	--	--	--

Date of PERAA Coverage

Mo. Day Year

--	--	--	--

Status of Employment

Full time

Part time

Position/Title (Specify)

1. Academic _____

2. Non-Academic _____

Previos PERAA-ID No.

Basic Salary

P _____

Certified Correct By: (Signature over printed name)

Name

Position

(For School's Authorized Signatory use only)

I hereby certify that all information above are true and correct and that I bind myself to all the provisions of PERAA Plan Resolution and other related documents.

Member's Thumbmark

LEFT
Thumbmark

RIGHT
Thumbmark

(FOR PERAA USE ONLY)

DATE RECEIVED: _____

By: _____

Signature Over Printed Name

Date Accomplished

The Member's Record (MR)

1. Employees should first be eligible for membership (under Retirement Plan Resolution - RPR) and must be covered in the Premium Remittance List before they are required to accomplish this form in duplicate (one for PERAA file and one for employee).
2. The MR is the member's permanent record in PERAA under his present employer. In case of transfer to another Participating Institution, the member, upon coverage, should accomplish a new MR.
3. The MR is the basis for the issuance of membership ID card.
4. The MR is a requisite for the processing of the member's benefit claims. Please note that failure to submit this form may result in the disqualification of the member's beneficiaries from the Minimum Death Benefit (MDB) grant.
5. Primary Beneficiaries shall have the prior claim on the benefits accruing for member's account. If no Primary Beneficiary is living, the benefits go to the member's Contingent Beneficiary.
6. The member may change beneficiaries at any time unless the beneficiary is irrevocable. Irrevocable beneficiaries can be changed only if the member will file a notarized affidavit of consent by the said beneficiary.



Private Education Retirement Annuity Association

Attn.: Member Services & Information Department
16th Floor Multinational Bancorporation Centre
6805 Ayala Avenue, Salcedo Village, Makati City

P.O. Box 1785 MCPO, Makati City

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