



AFP RETIREMENT AND SEPARATION BENEFITS SYSTEM
 424 Capinpin Avenue, Camp General Emilio Aguinaldo, Quezon City
 Telephone Numbers: (02) 9110194/ Mobile Phone Numbers 0999-9162438 & 0927-7625124

APPLICATION FORM FOR REFUND OF MEMBERS' CONTRIBUTION

INSTRUCTIONS: Eligibility to a refund of Member's Contribution to the AFP RSBS and interest thereon is upon retirement / separation. Submit only one (1) properly accomplished form. Application and supporting papers with erasures or alterations will not be accepted. Please print legibly.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit or payment under this application, shall be subject to civil and/or criminal sanction.

(This portion is to be filled up by the claimant/applicant)

RETIRED / SEPARATED MILITARY PERSONNEL

LAST NAME		FIRST NAME		MIDDLE NAME
RANK	AFP SERIAL NUMBER	BR OF SVC	ASSIGNMENT IN THE AFP	
PERMANENT ADDRESS				TELEPHONE NUMBER
				MOBILE PHONE NUMBER

LEGAL BENEFICIARY OF POSTHUMOUSLY RETIRED / SEPARATED MILITARY PERSONNEL

LAST NAME		FIRST NAME		MIDDLE NAME
RELATIONSHIP TO DECEASED MILITARY PERSONNEL		DATE OF MARRIAGE		PLACE OF MARRIAGE
PERMANENT ADDRESS				TELEPHONE NUMBER
				MOBILE PHONE NUMBER
NAME OF DECEASED MILITARY PERSONNEL				
LAST NAME		FIRST NAME		MIDDLE NAME
RANK	AFP SERIAL NUMBER	BR OF SVC	LAST ASSIGNMENT IN THE AFP	

LEFT THUMB MARK	RIGHT THUMB MARK

CONFORME:

By signing below, I am agreeing to the AFPRSBS Privacy Notice and giving my consent to the collection and processing of my personal data in accordance thereto.

 Signature Over Printed Name

PAYMENT INSTRUCTIONS: _____

(This portion is to be filled up by the AFP RSBS Personnel only)

RECOMMENDATION/ACTION TAKEN:

Previous Refund / Loans Transactions Verified :	S.O.S / S.O. / G.O. Verified :	CIW Checked:
Refund Examiner, MRRD Date: :	Head, Records Mgt Branch, MRRD Date:	Head, Contributions Monitoring Branch, MRRD Date:
Encoded in the IFMS & Evaluated for Approval:	Recommended for Approval:	Approved:
Refund Examiner, MRRD Date: _____	Head, MRRD, MG Date: _____	Head, MG Date: _____