



AFP RETIREMENT AND SEPARATION BENEFITS SYSTEM

424 Capinpin Avenue, Camp General Emilio Aguinaldo, Quezon City
Telephone Number (02) 9110194 / Mobile Phone Numbers 0999-9162438 & 0927-7625124

MEMBER'S INFORMATION SHEET (FOR ACCELERATED REFUND)
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LAST NAME		FIRST NAME			MIDDLE NAME		
AFP SERIAL NUMBER	RANK	BR OF SVC	DATE ENTERED THE SERVICE		CIVIL STATUS	SEX	AGE
ASSIGNMENT IN THE AFP			COMPULSORY RETIREMENT DATE		DATE OF BIRTH		

COMPLETE PERMANENT HOME ADDRESS:			
TELEPHONE NUMBER	CELLPHONE NUMBER 1	CELLPHONE NUMBER 2	E-MAIL ADDRESS

BY AFFIXING MY SIGNATURE:

I hereby authorize the AFP RSBS to deposit the proceeds of my refund of member's contributions to my Landbank of the Philippines Savings Account No. _____.

I certify that the information written herein as well as the documents attached hereto are true and correct and I understand that any misrepresentation on my part shall be a ground for the filing of a civil /criminal case against me.

I hereby agree and give my consent for the AFP RSBS to collect, use and disclose my personal information in accordance with the System's Data Privacy Policy Statement. I also hold free, harmless and indemnify the AFPRSBS and its employees from any complaint, suit or damage which any party may file or claim in relation to my consent.

2x 2 picture of member in military uniform showing nameplate
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- Attachments:**
- Statement of Service
 - AFP Active ID
 - LBP ATM

Specimen Signature 1
Specimen Signature 2
Specimen Signature 3
Date Accomplished

LEFT THUMBMARK

RIGHT THUMBMARK

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

Refund of Contributions:

<u>Principal:</u>	<u>Interest:</u>	<u>Total Refund of Contributions:</u>
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Received/ Verified by/ Date:	Validated/Encoded by/ Date:	Endorsed for Approval/ Date:	Approved by// Date:
_____	_____	_____	_____