



## AFP RETIREMENT AND SEPARATION BENEFITS SYSTEM

424 Capinpin Avenue, Camp General Emilio Aguinaldo, Quezon City  
Telephone Number (02) 9110194 / Mobile Phone Numbers 0999-916-2438 & 0927-762-5124

### 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.

<b>WARNING:</b>	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.
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(This portion is to be filled up by the claimant/applicant)

<input type="checkbox"/> <b>RETIRED / SEPARATED MILITARY PERSONNEL</b>					
LAST NAME		FIRST NAME		MIDDLE NAME	
RANK	AFP SERIAL NUMBER	BR OF SVC	ASSIGNMENT IN THE AFP		
PERMANENT ADDRESS				TELEPHONE NUMBER	
				MOBILE PHONE NUMBER	

<input type="checkbox"/> <b>LEGAL BENEFICIARY OF POSTHUMOUSLY RETIRED / SEPARATED MILITARY PERSONNEL</b>					
LAST NAME		FIRST NAME		MIDDLE NAME	
RELATIONSHIP TO DECEASED MILITARY PERSONNEL		DATE OF MARRIAGE		PLACE OF MARRIAGE	
PERMANENT ADDRESS				TELEPHONE NUMBER	
				MOBILE PHONE NUMBER	
<b>NAME OF DECEASED MILITARY PERSONNEL</b>					
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:**

<b>Evaluated/Received Requirements:</b>  _____ Admin Officer, RMU Date: _____	<b>Previous Refund / Loans Transactions Verified :</b>  _____ Admin Officer, RMU Date: _____	<b>S.O.S / S.O. / G.O. Verified :</b>  _____ Admin Officer, RMU Date: _____
<b>Encoded in the IFMS, CIW Checked &amp; Evaluated for Approval:</b>  _____ Admin Officer, RMU Date: _____	<b>Recommended for Approval:</b>  _____ Date: _____	<b>Approved:</b>  _____ Date: _____