



AFP RETIREMENT AND SEPARATION BENEFITS SYSTEM

424 Capinpin Avenue, Camp General Emilio Aguinaldo, Quezon City
Telephone Number (02) 9110194 / Mobile Phone Number 0922-8554241 & 0927-7476564

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)

<input type="checkbox"/> 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	

<input type="checkbox"/> 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
-----------------	------------------

CLAIMANT'S SIGNATURE OVER PRINTED NAME

DATE APPLIED

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: _____