



**PERAA
MEMBER'S
RECORD (MR)**

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

ATTACH
1 X 1
LATEST
PHOTO
PRINTED
NAME
AT THE BACK

TIN _____
SSS No. _____

PERAA ID NUMBER
(For PERAA use only)

Surname

Given Name

Middle Name

Date of Birth

Mo.	Day	Year

Sex Male
 Female

Civil Status Single Widow/Widower
 Married Separated

Place of Birth

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

Tel. No. _____
Mobile No. _____
Email Address _____

BENEFICIARIES

Write the names of your beneficiary/ies below. Unless specified in the Remarks column, your assigned beneficiary/ies will be considered Primary and Revocable. Please refer to the details at the back of the form for guidance.

	Date of Birth			Relationship to You	Remarks
	Mo.	Day	Year		
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____

In case of minor beneficiary/ies (ages below 18), please assign a guardian who should be over 18 years of age (excluding yourself).

▶ 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 _____

Certified Correct By: (For School's Authorized Signatory only) Name _____ Position _____
(Signature over printed name)

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

Signature Over Printed Name

Date Accomplished

Member's Thumbmark

LEFT
Thumbmark

RIGHT
Thumbmark

(FOR PERAA USE ONLY)

DATE RECEIVED: _____

By: _____

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 eligibility, 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 processing a member's benefit claims. Failure to submit this form will result in the disqualification of the member's beneficiaries from the Minimum Death Benefit (MDB) grant.
5. Unless specified under the Remarks column of the Beneficiary Information, your assigned beneficiary/ies will be considered Primary and Revocable. The member may also designate a beneficiary as Contingent and/or Irrevocable. You may find the following explanations helpful in completing you Beneficiary Information:

In cases of Death Claim, a Primary Beneficiary shall be the recipient of the member's benefit. Benefit payment will be made in equal shares, unless specified by the member. If all the Primary Beneficiaries predeceases the member, the Contingent Beneficiary/ies (if any) will receive the benefit in equal shares, unless specified by the member.

During membership, a beneficiary identified by the member as Revocable can be replaced or removed without having to get the beneficiary's consent. An irrevocable beneficiary, however, can only be removed from the list of beneficiaries if the member will file a notarized Affidavit of Consent by the said beneficiary.

6. Updating of records can be done by accomplishing the Change or Addition Form (CF).



Private Education Retirement Annuity Association

Attn.: Member Services Department

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