

PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION (PERAA)

16th Floor Multinational Bancorporation Centre
6805 Ayala Avenue, Salcedo Village, City of Makati
Tel. No. 817-4531 Fax No. 818-7921 E-mail: peraa@peraa.org Website: <http://www.peraa.org>

IMPORTANT: PLEASE READ THE CHECKLIST OF REQUIREMENTS AND THE INSTRUCTIONS AT THE BACK OF THIS FORM.

APPLICATION FOR

**RETIREMENT
BENEFIT**

**DISABILITY
BENEFIT**

**DEATH
BENEFIT**

A. TO BE FILLED OUT BY MEMBER/EMPLOYEE

NAME OF MEMBER _____ PERAA ID NO. _____
Last Name First Name Middle Name

MAILING ADDRESS _____ CONTACT NO. _____

DATE OF BIRTH _____ AGE _____ E-MAIL ADDRESS _____ TIN _____

LAST DAY OF EMPLOYMENT _____ MONTH OF LAST CONTRIBUTION _____

NAME AND ADDRESS OF RECENT EMPLOYER/INSTITUTION _____

B. TO BE FILLED OUT BY EMPLOYER/INSTITUTION

Benefit Check to be:

MAILED TO:

- School
- Member

PICKED-UP BY:

- School Representative
- Member

DEPOSITED TO MEMBER'S ACCOUNT

Bank/Branch _____
Acct. No. _____

- Savings
- Current

C. PLEASE CHECK (✓) ONE TYPE OF BENEFIT ONLY

RETIREMENT BENEFIT ONLY: Date of Retirement: _____

(Please designate a beneficiary, in case of death for additional check, if any). This will apply only for those who do not have Member's Record.

Designated BENEFICIARY	RELATIONSHIP TO MEMBER	DATE OF BIRTH
1.		
2.		
3.		

DISABILITY BENEFIT ONLY: Date of Total Permanent Disability: _____

(Please designate a beneficiary, in case of death for additional check, if any). This will apply only for those who do not have Member's Record.

Designated BENEFICIARY	RELATIONSHIP TO MEMBER	DATE OF BIRTH
1.		
2.		
3.		

DEATH BENEFIT ONLY: Date of Death of Member: _____

APPLICANT'S FULL NAME (Designated Beneficiary) _____

RELATIONSHIP TO MEMBER _____

MAILING ADDRESS _____

By:

Approved by:

Printed Name & Signature of Member

Printed Name & Signature of School's Authorized Signatory

Date

Designation

Date

D. TO BE FILLED OUT BY PERAA

CLAIM STUB for Retirement Benefit Disability Benefit Death Benefit

Name of Member _____ Follow up on or after _____

Address _____ Received by/Date Received _____

Employer _____ For inquiries, pls. call: Tel # 817-45-31 local 139 or 150

IMPORTANT: To claim check, please present 2 valid identification cards (e.g., school ID, PRC license, Driver's license, SSS ID, BIR ID, etc.).

This form may be reproduced or can be downloaded thru the PERAA website at <http://www.peraa.org>

CHECKLIST OF REQUIREMENTS:

FOR RETIREMENT BENEFIT:

1. Duly accomplished ADM Form 4-A (Blue).
2. Original Certificate of Employment with Inclusive Dates (CEID) indicating first and last day of service and employee/member is officially retired from the school.
3. Birth Certificate or acceptable proof of birth.
4. Photocopy of any two (2) valid ID cards with clear signature & picture.
5. Release and Quit Claim form notarized by a Notary Public.

DISABILITY BENEFIT:

1. Duly accomplished ADM Form 4-A (Blue).
2. Original Certificate of Employment with Inclusive Dates (CEID) indicating first and last day of service.
3. Physician's Certification of Disability noted by the school's authorized signatory.
4. School's acceptance letter of the physician's certificate.
5. Birth Certificate or acceptable proof of birth.
6. Photocopy of approved SSS/Disability claim, if available.
7. Photocopy of any two (2) valid ID cards with clear signature & picture.
8. Release and Quit Claim form notarized by a Notary Public.

DEATH BENEFIT: *(Please verify with PERAA, for the designated beneficiary/ies of the member, if any)*

1. All designated beneficiary/ies must accomplish ADM Form 4-A (Blue).
2. Original Certificate of Employment with Inclusive Dates (CEID) indicating first and last day of service.
3. Photocopy of a duly Death Certificate of the deceased member and deceased beneficiary/ies.
4. Birth Certificate or acceptable proof of birth of deceased member and designated beneficiary/ies.
5. Marriage Contract (if spouse is beneficiary).
6. Notarized Affidavit of Release of beneficiary/ies.
7. Photocopy of any two (2) valid ID cards of member and all beneficiary/ies with clear signature & picture.

Valid Identification Cards:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Unified Multi-Purpose ID• SSS ID• GSIS ID• BIR ID• Voter's ID• Passport | <ul style="list-style-type: none">• Driver's License• PRC License• Senior Citizen Card• Pag-Ibig Membership Card• Philhealth Membership Card | <ul style="list-style-type: none">• License to Carry Firearms• Postal ID• Company or School ID• NBI Clearance• PERAA Membership Card |
|--|--|--|

- **Additional documents may be required for special cases.**

INSTRUCTIONS:

1. Print or type all entries. Fill out all applicable blanks and check appropriate boxes. Remember to affix your signature for any erasures.
2. Forward duly accomplished form to your employer for signature of the authorized school official/representative who approves benefit claims.
3. Submit to PERAA duly accomplished application form together with other documents as indicated on the checklist.
4. If a representative will claim the check, a Special Power of Attorney should be submitted.

CONDITIONS FOR RETIREMENT BENEFITS:

1. The retirement age bracket is from age 50 to 70. Normal Retirement, Early Retirement and Late Retirement Ages will be based on Retirement Plan Resolution (RPR) adopted by each Participating Institution.
2. Any employee may be retired upon reaching the Normal retirement Age as adopted by each PI in the RPR (e.g. Age 60).
3. Early Retirement and late retirement are subject to the approval of the PI.
4. Retirement Benefits are fully vested on the member and will be released fully to the retiree.
5. Retirement Benefits are exempted from taxes subject to the conditions of Republic Act No. 4917. Otherwise, appropriate taxes will be applied.

DISABILITY BENEFITS:

1. Subject to the approval of the Participating Institution, an employee-member may apply for Disability Benefit. Disability shall mean an incapacity resulting from bodily injury or illness, sustained while in the employ of the PI, which prevents the Employee from performing the material and substantial duties of one's regular occupation; total and permanent.
2. Disability Benefit is equivalent to the member's Total Accumulated Value (TAV), unless otherwise stipulated in the RPR and will be released in lump-sum.
3. Disability Benefits are exempted from taxes.

DEATH BENEFITS:

1. When an employee-member dies of any cause (natural or accident), the beneficiary/ies designated in his Member's Record (MR) will receive the Death Benefit in lump-sum equivalent to the TAV of the member, unless otherwise stipulated in the RPR. In case the member failed to accomplish and submit an MR, his legal heirs as determined by Philippines laws will receive the benefits.
2. For contributing members, his beneficiary/ies may be entitled to the Minimum Death Benefit (MDB) grant provided he satisfies all conditions for the MDB.
3. Death Benefits are exempted from taxes.

REPUBLIC OF THE PHILIPPINES)
)S.S.

RELEASE AND QUIT CLAIM

KNOW ALL MEN BY THESE PRESENTS:

I, _____, of legal age, Filipino and a resident of _____, for myself. My heirs, representative, successors and assigns, do hereby RELEASE AND DISCHARGE, absolutely, irrevocably, wholly and fully the Board of Trustees of PRIVATE EDUCATION RETIREMENT ANNUITY ASSOCIATION, its officers, from all actions, claims, demands and rights whatsoever pertinent to the kind of benefit I am claiming arising out and as a consequence of my membership in the said Association.

IN WITNESS WHEREOF, I hereby hereunto set my hand this ____ day of _____, 20__ at _____, Philippines.

Printed Name and Signature of Affiant

ACKNOWLEDGEMENT

BEFORE ME, A Notary Public for and in _____, personally appeared _____, exhibited her _____ issued at _____ on _____, 20__, as her competent evidence of identity known to me the same person who executed the foregoing instrument and acknowledged to me the same is free and voluntary act and deed.

WITNESS MY HAND AND SEAL on ____ day of _____, 20__ at _____, Philippines.

NOTARY PUBLIC

Doc. No.: _____
Page No. _____
Book No. _____
SERIES OF _____

Until
T.I.N.
PTR #
Issued at
Issued on

**** This document shall be valid only upon receipt of my PERAA check payment. ****