



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

PLEASE READ INSTRUCTIONS  
AT THE BACK BEFORE FILLING  
UP THE FORM

ATTACH  
1 x 1  
LATEST PHOTO  
*PRINTED NAME  
AT THE BACK*

TIN Number

\_\_\_\_\_

PERAA ID NUMBER  
(For PERAA use only)

\_\_\_\_\_

Surname

Given Name

Middle Name

Date of Birth

Mo. Day Year

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 designated beneficiary/ies will be considered **Primary**. Please refer to the details at the back of the form for guidance.

Name

Date of Birth

Relationship to You

Remarks

Mo. Day Year

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

*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

Date of PERAA Coverage

Status of Employment

Position/Title (Specify)

Mo.	Day	Year

Mo.	Day	Year

Full Time  
 Part Time

1. Academic \_\_\_\_\_  
2. Non-Academic \_\_\_\_\_

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

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. Also, I understand and agree that by signing herein, I voluntarily authorized and consented to the use, disclosure and processing of my Personal Data to PERAA Fund which shall in turn will preserve the confidentiality of the information provided pursuant to the provisions of the Republic Act No. 10173 or the Data Privacy Act of 2012.

Member's Thumbmark

Signature over Printed Name

LEFT Thumbmark
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LEFT  
Thumbmark

Date Accomplished

RIGHT 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 Remittance List before they are required to accomplish this form in duplicate (one for PERAA Fund file and one for employee).
2. The MR is the member's permanent record in PERAA Fund 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. Under the Remarks column of the Beneficiary Information, a member may designate his/her beneficiary/ies as **Primary** or **Contingent**.
  - In case of member's death, the **primary** beneficiary/ies will receive the benefit.
  - In the event of death of all primary beneficiary/ies, the **contingent** beneficiary/ies will receive the benefit, if any.
6. A member may change his/her beneficiary/ies by accomplishing the Change or Addition Form.



**Private Education Retirement Annuity Association Fund**  
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