



**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

16<sup>th</sup> Floor Multinational Bancorporation Centre

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