



Private Education Retirement Annuity Association CHANGE OR ADDITION FORM

Pls. PRINT DATA/ READ INSTRUCTIONS (back)

MEMBER'S ID NUMBER

SURNAME	GIVEN NAME	MIDDLE NAME	DATE OF BIRTH			
			M	M	D	D

ADDRESS (No. & Street, City/Town & Province)	POSTAL CODE
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1. CORRECTION OF NAME:

FROM _____ **TO** _____

2. CORRECTION OF DATE OF BIRTH:

FROM _____ **TO** _____

3. CHANGE OF CIVIL STATUS:

To be filled up by women only:

MARRIED WIDOWED ANNULLED

MAIDEN NAME: _____

MARRIED NAME: _____

4. NEW/ADDITIONAL BENEFICIARY(ies):

NAME	RELATIONSHIP	DATE OF BIRTH	Primary/Contingent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. CHANGE OF BENEFICIARY(ies):

FROM	TO	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. OTHERS _____

In case of minor beneficiaries (ages below 18), please assign a guardian who should be over 18 years of age. ▶ Name of Guardian _____
Relationship to minor _____

WE CERTIFY THAT THE ABOVE INFORMATION ARE TRUE:

Member's Signature Over Printed Name

School's Authorized Signatory Over Printed Name

Date Accomplished

Position

Name/Address of School:

FOR PERAA USE

DATE RECEIVED: _____

BY: _____

INSTRUCTIONS

1. Accomplish this form in duplicate
2. Use this form in reporting correction(s), change(s), addition(s), in connection with date of birth, beneficiaries, civil status or name you previously reported in your PERAA Member's Record (MR).
3. Please have this form certified correct by the school's authorized signatory.
4. You may replace/remove an irrevocable beneficiary(ies) by attaching a letter of consent from the said irrevocable beneficiary consenting to the change of your designation.
5. Please fill in this form correctly to avoid delay in processing and send to:



Private Education Retirement Annuity Association

Attn.: Member Services & Information Department

16th Floor Multinational Bancorporation Centre
6805 Ayala Avenue, Salcedo Village, Makati City

P.O. Box 1785 MCPO, Makati City

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