



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

DATA UPDATE FORM

This will update my information and supersede ALL my previously named beneficiary/ies in the Member's Application Form and past Data Update Forms.

BRANCH OF SERVICE: Please check: <input type="checkbox"/> PNP <input type="checkbox"/> BFP <input type="checkbox"/> OTS <input type="checkbox"/> MMDA <input type="checkbox"/> NAMRIA OTHERS: _____				
RANK	LAST NAME	FIRST NAME	MIDDLE NAME	QUALIFIER
CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RELIGION _____	DATE OF BIRTH _____/_____/_____ Month Day Year	
PRESENT ASSIGNMENT (UNIT / REGION)			DATE OF ENTRY IN SERVICE (MM/DD/YY)	
PLACE OF BIRTH			PAYSLIP ACCOUNT NO.	
PERMANENT HOME ADDRESS			CONTACT NO.	
PRESENT HOME ADDRESS			CONTACT NO.	
E-MAIL ADDRESS			CELL PHONE NO.	

BENEFICIARY DESIGNATION

Check whichever is applicable:

- The beneficiaries designated herein shall be my beneficiaries for my BASIC [Members Equity Plan (MEP)/ Mutual Benefit Equity Plan (MBEP)] AND OTHER plans.
- The beneficiaries designated herein shall be my beneficiaries for my BASIC PLAN (MEP/ MBEP) ONLY and I will designate different beneficiaries for my other plans. (Please see back portion.)

	Name of Beneficiaries	Birth Date	Relationship to the Insured	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Important: The benefits shall be shared equally by the beneficiaries unless expressed otherwise.

Authorization

I further authorize PSMBFI to secure from any government office such as the Philippine National Police (PNP) and the National Statistics Office (NSO), any or all information or documents relating to my membership, including but not limited to, Birth Certificate (member and beneficiaries), Marriage Contract (member and beneficiaries), Service Record (member) and Advisory on Marriage (member and spouse). PLEASE UPDATE MY MEMBERSHIP INFORMATION. THANK YOU.

Signature: _____

Signature 2 or Initials: _____

Date Signed: _____

FOR PSMBFI USE ONLY		
Encoded /Validated by: _____	Date: _____	Batch No. _____

