**MANAGER**

**Insurance Department**

**318-320 Santolan Road corner 1st and 2nd**

**West Crame Sts., Brgy. West Crame**

**San Juan City, Metro Manila**

**RE: CONSENT TO TRANSFER TO MEP**

Dear Sir/Mam:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am a certificate holder of the Mutual Benefit Equity Plan and as part of the transfer application to the Member’s Equity Plan, I consent to the following:

 **Yes**, I am voluntarily withdrawing my membership in the MBEP and transferring to the new Member’s Equity Plan.

 **Yes**, I am allowing PSMBFI to re-use information from my latest Member’s Application Form or Data Update Form for processing benefits.

 **No**, please use the Data Update Form filled up in this application.

 **Yes**, I am allowing PSMBFI to re-use the latest Authority to Deduct (ATD ) form as basis for salary deduction scheme.

 **For Uniformed:**

 **No**, I would like to avail Basic Group Term Insurance (BGTP), please use attached ATD.

 **For Non-Uniformed:**

 **No,** I would like to upgrade/downgrade my equity plan and Burial Assistance Benefit, please use attached ATD.

 **Yes**, I have read, understood, agreed and received a copy of the PSMBFI Privacy Agreement.

 **Yes**, I give consent to PSMBFI to process my Personal Data.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature over printed name Date Signed

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| **FOR CLAIMING MEMBER:**PNP Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Upon claim of benefit, please check preferred release options:* Pick-up
* Mail to Region
* Deposit to Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **FOR REFERRER:** Name of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payslip Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Upon claim of incentive, please check preferred release options:* Pick-up
* Mail to Region
* Deposit to Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |