



# 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.

<b>BRANCH OF SERVICE: Please check:</b> <input type="checkbox"/> PNP <input type="checkbox"/> BFP <input type="checkbox"/> OTS <input type="checkbox"/> MMDA <input type="checkbox"/> NAMRIA <b>OTHERS:</b> _____										
<b>RANK</b>	<b>LAST NAME</b>	<b>FIRSTNAME</b>	<b>MIDDLENAME</b>	<b>QUALIFIER</b>						
<b>CIVIL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <b>RELIGION</b>	<b>DATE OF BIRTH</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>					Month	Day	Year
Month	Day	Year								
<b>PRESENT ASSIGNMENT ( UNIT / REGION )</b>			<b>DATE OF ENTRY IN SERVICE (MM/DD/YY)</b>							
<b>PLACE OF BIRTH</b>			<b>PAYSLIP ACCOUNT NO.</b>							
<b>PERMANENT HOME ADDRESS</b>			<b>CONTACT NO.</b>							
<b>PRESENT HOME ADDRESS</b>			<b>CONTACT NO.</b>							
<b>E-MAIL ADDRESS</b>			<b>CELL PHONE NO.</b>							

## 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:**

<b>FOR PSMBFI USE ONLY</b>		
Encoded /Validated by:	Date:	Batch No.



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## BENEFICIARY DESIGNATION FOR PLANS OTHER THAN THE MEP AND MBEP

PLAN	BENEFICIARIES	BIRTH DATE	RELATIONSHIP TO INSURED	PERCENT SHARE	REMARKS
Basic Group Term Plan (BGTP)					
Burial Assistance Benefit (BAB)					
Endowment at Age 56 (E-56)					
Special Group Term Insurance (SGTI)					