**PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**

Membership **P**lan **A**ction **F**orm **(PAF)**

This is to confirm receipt of your advisory regarding my membership plan with PSMBFI. My preference is indicated by a check on the options provided.

***Note: Please check ONE (1) box only.***

I shall terminate my existing Plan (MBEP) and **TRANSFER** to the new Equity Plan (MEP).

*Please attach a signed copy of the* ***(1) Consent to Transfer to MEP****; (2)* ***Dependent’s Free Insurance Coverage Form****,* ***and (3) Data Update Form (optional); (4) Authority to Deduct (optional)****, all downloadable from www.psmbfi.com.ph*

I am **RETIRING/RETIRED** from the service and I want to continue membership to PSMBFI until age 65.

*For retired members, please attach the* ***Health Declaration Form****, downloadable from* [*www.psmbfi.com.ph*](http://www.psmbfi.com.ph)

I am **SEPARATED/ RETIRING** from the service and I want to refund my Equity Value.

*Please attach updated service record.*

I understand that upon signing and submission of this application, the processing of my account shall start based on the option I have selected. I have attached a copy of my valid ID, signature and updated contact details for your use.

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

Signature Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Last Name First Name Middle Name Qlfr.

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

Email Address Mobile number Current Address

PAF-001/ 05.26.2021