

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

Upon claim of benefit, please check preferred release options:

- Pick-up
- Mail to Region _____
- Deposit to Account No. _____
Name of Bank _____