

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 _____



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: PNP BFP OTS MMDA NAMRIA OTHERS: _____

RANK	LAST NAME	FIRSTNAME	MIDDLENAME	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 <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table>					Month	Day	Year
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. _____

PSMBFI Building
 No. 318-320 Santolan Road, cor. 1st and 2nd West Streets
 San Juan, Metro Manila
 Tel. No. 726-1675; 726-8070 Telefax No. 726-7250
 Email: customer care@psmbfi.com.ph

www.psbmfi.com.ph

DEED OF UNDERTAKING

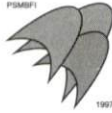
I, _____, of legal age, Filipino citizen, single/married, and with postal address at _____, after having been duly sworn to in accordance with law hereby depose and state that:

1. I am a member of the Philippine National Police (PNP) currently assigned at _____;
2. I obtain a loan from PUBLIC SAFETY MUTUAL BENEFIT FUND, INC. (PSMBFI) payable by way of automatic salary deduction from my monthly salary;
3. I hereby acknowledge that upon retirement (compulsory or optional), resignation from service, TPPD, or any other cause for severance from service, the monthly amortizations for the loan can no longer be deducted from my monthly salary, thus, I undertake to pay the outstanding balance of the said loan, if any, at the time of severance from service;
4. At the time of severance from service, I further authorize the Philippine National Police, in particular, the Retirement Claims and Funds Management Division (RCFMD) and/or Pension and Gratuity Division (PGD) of PNP Retirement and Benefits Administration Service (PRBS), or the Directorate for Finance, as the case maybe, to deduct the outstanding balance due to PSMBFI, from my Commutation of Accumulated Leave (CAL) claims and/or Lump Sum/Retirement Gratuity claims and monthly pension;
5. I am executing this Deed of Undertaking (Authorization to Deduct) voluntarily, without force or intimidation, and solely for the purpose of payment of my outstanding obligation with PSMBFI, if any, at the time of severance from service from the Philippine National Police;
6. I further attest to the truth of the foregoing statements.

IN WITNESS WHEREOF, I have affixed my hand and signature this ____ day of _____ in _____.

SIGNATURE OVER PRINTED NAME
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____ affiant exhibiting his Government Issued ID No. _____ bearing his photograph and signature as competent proof of identification.



PSMBFI PRIVACY AGREEMENT

PSMBFI pledges to provide satisfactory and efficient service to its clients.

With respect to your membership with PSMBFI, the company requests you to provide Personal Data stated in the Membership Application Form, Dependent's Free Insurance Coverage, and Data Update Form as follows:

- Complete Name
- Mailing Address
- Date of Birth
- Marital Status
- Cellphone No.
- E-mail address
- Date entered Service
- Present Assignment (Unit/Region)
- Branch of Service
- Current Rank
- Payslip Account No.
- Type of Personnel
- Health Statement of Member
- Health Statement of Insured Dependent
- GSIS/SSS No.
- Religion
- Designated Beneficiaries

The Personal Data collected and any additional Personal Data that you provide to PSMBFI shall be used to (i) verify your identity, (ii) claim benefits for which you are entitled and (iii) inform you of the company's actions, new products, programs and other information as part of your privileges as a member.

In compliance to applicable laws, regulations and the PSMBFI policy on Data Privacy, the company may share your Personal Data with the following (i) external auditors/actuaries; (ii) service providers; (iii) government and other regulatory agencies (iv) and other third parties engaged by the company to support its business who are likewise bound to keep your Personal Data and use it only for the purposes for which it was disclosed to them.

PSMBFI exercises appropriate security measures to protect Personal Data in your name and shall be retained by the company for a maximum period of 11 years counted from the date when you have terminated, retired, resigned, or claimed your entitled benefits from the company.

As a valued member, you are accorded certain rights in the Data Privacy Act which are as follows: (i) the right to be informed of Personal Data Processing; (ii) the right to reasonably access your Personal Data; (iii) the right to correct or update any outdated or false information; (iv) the right to withdraw consent or object; (v) the right to damages; (vi) the right to file a complaint before the National Privacy Commission; (vii) the right to data portability.

For any request to access, correct or delete any Personal Data you have provided us, please email us at customercare@psmbfi.com.ph, visit our Main Office or any of our regional offices to update your information.

For any questions and concerns regarding this Privacy Statement, PSMBFI's use of your Personal Data, or your rights under the Data Privacy Act of 2012, please do not hesitate to contact the Data Protection Officer thru this number: (632) 727-9530.

By providing your Personal Data to PSMBFI, you acknowledge that you have read, understood and agreed to all the terms set forth in the PSMBFI Privacy Statement.

Printed Name: ✓ _____
Date Signed : ✓ _____

Signature: ✓ _____
PSMBFI Representative: _____