

REPUBLIC OF THE PHILIPPINES
MUNICIPALITY OF _____
PROVINCE OF _____

A F F I D A V I T

I, _____ of legal age _____
(if married, indicate maiden name)
and residing at _____ after being duly sworn to in
accordance with Law, depose and say;

That I am a member of the PPSTA Mutual Aid System and New Mutual Retirement Benefit
System as evidenced by Certificate Nos. _____ and _____ effective _____
, _____ and respectively.

That I desire to add/change my beneficiaries recorded in my application and previous affidavit
to:

NAME	ADDRESS	AGE	RELATIONSHIP	ALLOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

That I am executing this affidavit in compliance with the Rules and Regulations of the System
and that I am doing this act freely and voluntarily.

IN WITNESS WHEREOF, I have hereunto act my hand this _____ day of _____
20____ at _____.

Affiant

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____
at _____, affiant exhibited to me his/her Community Tax Certificate No. ____
_____ issued on _____ at _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC