

CATHOLIC EDUCATIONAL ASSOCIATION OF THE PHILIPPINES RETIREMENT PLAN

APPLICATION FOR BENEFITS

I hereby apply to the benefits to which I am entitled to in accordance with the following:

- _____ Normal Retirement Provision
- _____ Optional or Early Retirement Provision
- _____ Late Retirement Provision
- _____ Disability Provision
- _____ Separation Provision
 - _____ Resignation/Voluntary
 - _____ Redundancy/Retrenchment/Medical/Involuntary
 - _____ Refund of Voluntary Contributions

Hereunder are pertinent personal information needed for processing of my benefit claim:

- 1. Name of Applicant : _____
- 2. Date of Birth : _____
- 3. Date of Hire : _____
- 4. Date of Membership in the Plan : _____
- 5. Date of Separation/Retirement : _____
- 6. Tax Identification Number : _____
- 7. Exemption Units (Single, Married, Head of the family) : _____
- 8. Numbers of Dependents : _____
- 9. Gross Income for Current Calendar Year : _____
- 10. Withholding Tax for Current Calendar Year : _____

Note: Please indicate the gross income earned/income tax withheld from January to the date of resignation/separation of the current year.

Example: Date of Resignation - March 1999
 Gross Income for Current Calendar Year - P30,000.00 (salary from Jan-March 1999)
 W/Tax for Current Calendar Year - P2,000.00 (w/holding tax from Jan-March 1999)

I understand that all the benefit payments to which I am entitled under this Plan will be made in accordance with the rules and regulations of the Catholic Educational Association of the Philippines Retirement Plan. I also recognize the right of the Retirement Commission to verify the correctness of the information contained in this application and agree to furnish proofs if required to do so.

_____ School

_____ Signature Over Printed Name of the Applicant

_____ Address of the School

_____ Date

Name of Applicant _____

Name of School _____

For Participating School/Local Retirement Commission

(It is advised that this should be filled-up after consultation with the retiree)

RECOMMENDATION:

Approval : _____
Disapproval : _____
Deferment : _____

MANNER OF PAYMENT : Lump Sum

Signature Over Printed Name
of Authorized Signatory

Designation

FOR THE CEAP RETIREMENT COMMISSION

Approved:

- As Recommended:
- Modified As Follows:

CEAP Retirement Commission
By:

Signature Over Printed Name

Date

Designation

To be accomplished in triplicate

Distribution:

- 1 copy for Trustee (Original)
- 1 copy CEAP Retirement Plan
- 1 copy for the School