

INSTRUCTIONS:

- 1) Type or Write clearly
- 2) Reproduce (Xerox) this form if necessary.
- 3) Send or mail the accomplished form to AFPPGMC, Camp Aguinaldo, Quezon City 1110.
- 4) See back page for additional instructions

PAUNAWA:

- 1) I-type o isulat nang maayos at malinaw.
- 2) Maaaring ipa-xerox ang papel na ito kung kinakailangan.
- 3) Ipadala kalakip ang iba pang dokumentong kailangan sa AFP PGMC, Camp Aguinaldo, Quezon City 1110
- 4) Tingnan ang likod ng pahina para sa inyong gabay.

AFP PGMC <small>Revised Form Nr. 1A (01 July 2007)</small>		PENSIONER UPDATE FORM (PUF)		
Is the Principal Pensioner still alive? (check box) <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, indicate the date of death and Cause of Death (day, month, year)		
SECTION I – AFP PENSIONER’S PERSONAL DATA (Retired/Separated Military Personnel from the AFP)				
1. LAST NAME		FIRST NAME		MIDDLE NAME
2. Retirement Rank (Pay Rank)		3. AFP Serial Number	4. Branch of Service (Check box) <input type="checkbox"/> PC <input type="checkbox"/> PAF <input type="checkbox"/> GHQ <input type="checkbox"/> PA <input type="checkbox"/> PN <input type="checkbox"/> PN (M)	
5. Date of Birth (Day, Month, Year)		6. Address: (House Nr., Street, Barangay, Town or City, Province)	7. Postal (Zip Code)	8. Telephone Nr
9. Cell phone Nr	10. Religion	11. Civil Status (Check box) <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Married <input type="checkbox"/> Separated		12. Citizenship
13. Sex (Check box) <input type="checkbox"/> Male <input type="checkbox"/> Female	14. Date of Original Entry to the AFP (Day, Month, Year)	15. Date of Separation from the AFP (Day, Month, Year)	16. Cause of separation from the AFP (check box) <input type="checkbox"/> Compulsory Retirement <input type="checkbox"/> Posthumous <input type="checkbox"/> Optional Retirement <input type="checkbox"/> CDD	
17. Authority for separation from the AFP (General Orders Nr, Para Nr, Date (month, day, year) (Attach copy of retirement/Separation Orders) (ex: GO Nr 1, Para Nr 20, GHQ, AFP dtd 01 Dec 1965, Pursuant Sec 1a & 10 in conjunction with sec 8, RA 340)				
18. Are you receiving monthly pension? (check box) <input type="checkbox"/> Yes <input type="checkbox"/> No		19. If Yes, how much? ₱ _____	20. How do you receive your pension? (Check box) <input type="checkbox"/> Local Pick-up <input type="checkbox"/> Mailing <input type="checkbox"/> Banking	
21. AFP PENSIONER’S SPECIMEN (IF DECEASED, IGNORE THIS BOX)		2 x 2 picture (AFP Pensioner)	I declare under the penalties of perjury pursuant to the provisions of existing laws, that this has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct.	
LEFT THUMBMARK	RIGHT THUMBMARK			
_____ (Signature Over Printed Name)		_____ (Signature Over Printed Name)	_____ (Date, Month, Year)	
SECTION II. BENEFICIARY’S PERSONAL DATA				
1. LAST NAME		FIRST NAME		MIDDLE NAME
2. Date of Birth (Day, Month, Year)		3. Place of Birth		4. Citizenship
5. Relationship with the AFP Separated Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child		6. Name of Father		7. Name of Mother (Maiden Name)
8. Address: (House Nr, Street, Barangay, Town or City, Province)			9. Postal (Zip) Code	10. Telephone Nr
11. Cellphone Nr	12. Religion	13. Civil Status (check box) <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Married <input type="checkbox"/> Separated		14. If relationship with the AFP Pensioner is spouse, indicate date of marriage (month, day, year)
15. Sex (Check Box) <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Are you receiving monthly pension? (Check box) <input type="checkbox"/> Yes <input type="checkbox"/> No	17. If Yes, how much? ₱ _____	18. How do you receive your pension? (Check box) <input type="checkbox"/> Local Pick-up <input type="checkbox"/> Mailing <input type="checkbox"/> Banking	
19. BENEFICIARY SPECIMEN (IF DECEASED, IGNORE THIS BOX)		2 x 2 picture (Beneficiary)	I declare under the penalties of perjury pursuant to the provisions of existing laws, that this has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct.	
LEFT THUMBMARK	RIGHT THUMBMARK			
_____ (Signature Over Printed Name)		_____ (Signature Over Printed Name)	_____ (Date, Month, Year)	

ADDITIONAL INSTRUCTIONS:

- 1) If the AFP Principal Pensioner is still alive:
Fill-up Section I;
Fill-up Section II for future beneficiary/ies such as the Spouse and Children below 21 years old.
- 2) If the AFP Principal Pensioner is already deceased:
If married, spouse must fill-up Section I and II;
If unmarried (single), the parents must fill-up Section I and II.
- 3) Qualified to be Beneficiary/ies:
For deceased married AFP Principal Pensioner
- spouse and children below 21 years old;
For Deceased Unmarried (Single) AFP Principal Pensioner
- Parents
- Children below 21 years old

For any inquiry or comment, you may text AFP PGMC at **0999-305-5513** or **0927-856-6748** or contact us at (02) **911-6001** local **6531**.
AFPPGMC can be accessed at <http://www.afppension.ghq-mfo.com>

REQUIREMENTS FOR AFP PENSIONER:

- 1) Retirement/Separation Order (GO/SO)
- 2) Marriage Certificate (For Married AFP Pensioner)
- 3) Pensioners ID (Xerox back to back)

REQUIREMENTS FOR BENEFICIARY:

- 1) Clear Copy of Retirement/Posthumous Order
- 2) Clear copy of Declaration of Beneficiaries from JAGO, AFP
- 3) Clear copy of Pensioners ID (Xerox back to back)
- 4) Clear copy of NSO issued Marriage Contract with signature of both parties for *widow* and birth certificate for *children*

For Non Appearance or submission thru mailing or courier, submit the following requirements:

- 1) Whole body picture holding any current newspaper
- 2) Mail or send it to:

**Pensioners & Assistance Unit (PAU)
AFP Pension Gratuities Management Center
Camp Gen. Emilio Aguinaldo, Quezon City**