



FORM NO. 1-001 Non-Uniformed Personnel  
**PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**  
 PSMBFI Bldg., #318-320 cor 1<sup>st</sup> & 2<sup>nd</sup> Sts., West Crame, Santolan Rd., San Juan, Metro Manila  
 Trunk Line #: 726-8070 • Fax #: 726-7250

APPLICATION  
NO.

**NON-UNIFORMED PERSONNEL MEMBERSHIP APPLICATION FORM**

FIRSTNAME		MIDDLENAME		LASTNAME		PAY SLIP ACCOUNT NUMBER	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWER <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED			BIRTHDATE MONTH      DAY      YEAR		PLACE OF BIRTH	
PRESENT ASSIGNMENT						PHONE NUMBER	
ADDRESS						PHONE NUMBER	

**DESIGNATED BENEFICIARIES** Beneficiaries are deemed revocable unless otherwise stated in this form

FIRST NAME	MIDDLENAME	LASTNAME	RELATIONSHIP	% SHARE	BIRTHDATE

- OPTION I - ₱ 100.00 monthly salary deduction @ ₱ 50,000 Principal Sum with Accidental Death & Disablement
- OPTION II - ₱ 200.00 monthly salary deduction @ ₱ 100,000 Principal Sum with Accidental Death & Disablement
- OPTION III - ₱ 300.00 monthly salary deduction @ ₱ 150,000 Principal Sum with Accidental Death & Disablement
- OPTION IV - ₱ 400.00 monthly salary deduction @ ₱ 200,000 Principal Sum with Accidental Death & Disablement
- OPTION V - ₱ 500.00 monthly salary deduction @ ₱ 250,000 Principal Sum with Accidental Death & Disablement
- OPTION VI - ₱ 600.00 monthly salary deduction @ ₱ 300,000 Principal Sum with Accidental Death & Disablement
- OPTION VII - ₱ 700.00 monthly salary deduction @ ₱ 350,000 Principal Sum with Accidental Death & Disablement

**CERTIFICATION**

I hereby declare that I am in good health and that all statements and answers contained in this application are true and correct to the best of my knowledge. It is also understood and agreed that Insurance Coverage contemplated in this application shall take effect on the first day of the month for which the Payroll deduction is made. I prefer to be insured under Option \_\_\_\_\_ with a monthly premium of ₱ \_\_\_\_\_ monthly salary deduction.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

RIGHT HAND THUMBMARK

**IMPORTANT ANY CHANGES MUST BE COMMUNICATED TO *PSMBFI* AT THE ABOVE ADDRESS.**



FORM NO. 1-001 Non-Uniformed Personnel

**PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**

PSMBFI Bldg., #318-320 cor 1<sup>st</sup> & 2<sup>nd</sup> Sts., West Crame, Santolan Rd., San Juan, Metro Manila  
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APPLICATION NO.
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- OPTION VI - ₱ 600.00 monthly salary deduction @ ₱ 300,000 Principal Sum with Accidental Death & Disablement
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_____ SIGNATURE	_____ DATE SIGNED	RIGHT HAND THUMBMARK   
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**IMPORTANT ANY CHANGES MUST BE COMMUNICATED TO PSMBFI AT THE ABOVE ADDRESS.**

PSMBFI FORM NO. 1-002 Non-Uniformed Personnel (NUP)  
**AUTHORIZATION TO DEDUCT EQUITY PLAN – PSMBFI EP**  
 ( PLS. FILL-UP ALL INFORMATIONS AND PRINT LEGIBLY )

**TO : CO, PNP FINANCE CENTER**

SIR :  
 Please deduct an amount of \_\_\_\_\_ P \_\_\_\_\_ from my monthly payroll effective  
 \_\_\_\_\_ and every month thereafter, representing my PSMBFI Equity Plan and remit the same to Public Safety  
 Mutual Benefit Fund, Inc. as follows :

OPTION	AMOUNT	OPTION	AMOUNT
Option 1	100.00	Option 5	500.00
Option 2	200.00	Option 6	600.00
Option 3	300.00	Option 7	700.00
Option 4	400.00		

SIGNATURE : \_\_\_\_\_ UNIT ASSIGNMENT : \_\_\_\_\_

NAME : \_\_\_\_\_ ACCOUNT NO. : \_\_\_\_\_ DATE : \_\_\_\_\_

I hereby undertake to deduct the amount indicated in the foregoing authorization and remit the same to PSMBFI.  
**Any change or stoppage of payment shall be effected only upon written request from PSMBFI.**

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME  
**AGENT/DISBURSING OFFICER**  
**PSMBFI COPY**

PSMBFI FORM NO. 1-002 Non-Uniformed Personnel (NUP)  
**AUTHORIZATION TO DEDUCT EQUITY PLAN – PSMBFI EP**  
 ( PLS. FILL-UP ALL INFORMATIONS AND PRINT LEGIBLY )

**TO : CO, PNP FINANCE CENTER**

SIR :  
 Please deduct an amount of \_\_\_\_\_ P \_\_\_\_\_ from my monthly payroll effective  
 \_\_\_\_\_ and every month thereafter, representing my PSMBFI Equity Plan and remit the same to Public Safety  
 Mutual Benefit Fund, Inc. as follows :

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Option 1	100.00	Option 5	500.00
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SIGNATURE : \_\_\_\_\_ UNIT ASSIGNMENT : \_\_\_\_\_

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\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME  
**AGENT/DISBURSING OFFICER**  
**FINANCE COPY**

PSMBFI FORM NO. 1-032 Non-Uniformed Personnel (NUP)

**AUTHORIZATION TO DEDUCT BURIAL ASSISTANCE BENEFIT – PSMBFI BAB**

( PLS. FILL-UP ALL INFORMATIONS AND PRINT LEGIBLY )

**TO : CO, PNP FINANCE CENTER**

SIR :  
Please deduct an amount of \_\_\_\_\_ P \_\_\_\_\_ from my monthly payroll effective \_\_\_\_\_ and every month thereafter, representing PSMBFI Burial Assistance Benefit Plan and remit the same to Public Safety Mutual Benefit Fund, Inc. as follows :

OPTION	COVERAGE
32.00	42,000.00
16.00	21,000.00

SIGNATURE : \_\_\_\_\_ UNIT ASSIGNMENT : \_\_\_\_\_

NAME : \_\_\_\_\_ ACCOUNT NO. : \_\_\_\_\_ DATE : \_\_\_\_\_

I hereby undertake to deduct the amount indicated in the foregoing authorization and remit the same to PSMBFI.  
**Any change or stoppage of payment shall be effected only upon written request from PSMBFI.**

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
AGENT/DISBURSING OFFICER

**PSMBFI COPY**

PSMBFI FORM NO. 1-032 Non-Uniformed Personnel (NUP)

**AUTHORIZATION TO DEDUCT BURIAL ASSISTANCE BENEFIT – PSMBFI BAB**

( PLS. FILL-UP ALL INFORMATIONS AND PRINT LEGIBLY )

**TO : CO, PNP FINANCE CENTER**

SIR :  
Please deduct an amount of \_\_\_\_\_ P \_\_\_\_\_ from my monthly payroll effective \_\_\_\_\_ and every month thereafter, representing PSMBFI Burial Assistance Benefit Plan and remit the same to Public Safety Mutual Benefit Fund, Inc. as follows :

OPTION	COVERAGE
32.00	42,000.00
16.00	21,000.00

SIGNATURE : \_\_\_\_\_ UNIT ASSIGNMENT : \_\_\_\_\_

NAME : \_\_\_\_\_ ACCOUNT NO. : \_\_\_\_\_ DATE : \_\_\_\_\_

I hereby undertake to deduct the amount indicated in the foregoing authorization and remit the same to PSMBFI.  
**Any change or stoppage of payment shall be effected only upon written request from PSMBFI.**

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
AGENT/DISBURSING OFFICER

**FINANCE COPY**