



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

PSMBFI Bldg., #318-320 Santolan Rd., cor 1st & 2nd Sts., West Crame, Brgy. West Crame, San Juan City 1500
 Trunk Line #: 726-8070 Local 151-159 • Direct Line: 725-4725 • E-mail: psmbfi@info.com.ph

Policy Loan Application Form

REQUIREMENTS
 1. PNP ID with Photocopy w/ 3 specimen signature
 2. Latest PAYS LIP w/ Photocopy
 3. ATD (for Salary Deduction)

RANK	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	PAYS LIP ACCT NO.
PRESENT ASSIGNMENT (UNIT/REGION)				TELEPHONE NO.	RIGHT THUMB MARK
PERMANENT HOME ADDRESS				TELEPHONE NO.	
SIGNATURE OF BORROWER			RECEIVED BY:		
REMARKS					
Accounts Management Div					
LOAN STATUS <input type="checkbox"/> No Outstanding Loan <input type="checkbox"/> With Outstanding Loan <input type="checkbox"/> Current <input type="checkbox"/> Delinquent <input type="checkbox"/> With Outstanding Policy Loan				VERIFIED BY: _____ NOTED BY: _____	

POLICY LOAN AGREEMENT

KNOWN ALL MEN BY THESE PRESENTS:

In consideration of the Loan of _____ (P _____) received from the Public Safety Mutual Benefit Fund, Inc., said amount of policy loan payable in monthly installment of P _____ including interest thereon at ___ per annum for the period of _____ months.

1. As security of this loan, I hereby assign all rights on my Equity Plan Insurance Policy up to the extent of the loan amount or loan balance.
2. In case the installment and interest thereon are not paid when due, the unpaid installments shall continue accruing interest until fully paid.
3. All indebtedness under this loan agreement shall become due and payable in case of:
 - a) Death of the insured;
 - b) Surrender of the Policy for its EQUITY value;
 - c) Maturity of Policy, or
 - d) Termination of the Policy for any reason in which event the total balance of the policy loan plus interest shall be deducted from the insured beneficiaries or assignees under the Policy.
4. During the payment period, I hereby waive my rights to the EQUITY value of the said Policy.

Quezon City _____, 200__

 Signature of Insured / Payor

PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

AUTHORITY TO DEDUCT

PL NO. _____

THE DIRECTOR
PNP Finance Service Camp Crame, Q.C.

Sir,

I hereby authorize the PNP Finance Service to deduct from my payroll the amount of _____ pesos, (P _____) every month for _____ months, beginning _____ for payment of my policy loan amortization/obligations to the PUBLIC SAFETY MUTUAL BENEFIT FUND, INC. until paid.

This authority shall be in force until my loan is fully paid and does not relieve me of my obligation to see to it that the deductions are made from my salary and remitted to PSMBFI.

BORROWER'S printed name & signature
Rank _____ Unit _____
Payslip account No. _____

Signature of Disbursing Officer
Printed Name & Signature

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