



**AUTHORIZATION FORM**

Form No. 06302017-AUTH

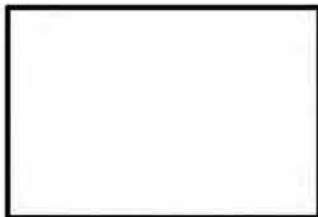
I, \_\_\_\_\_ of legal age,  
 (single/married/widow/widower) and a resident of \_\_\_\_\_  
 \_\_\_\_\_ do hereby name, constitute and appoint  
 Mr./Ms. \_\_\_\_\_ of legal age,  
 (single/married/widow/widower) and a resident of \_\_\_\_\_  
 \_\_\_\_\_ to be my  
 authorized representative to do and perform the following acts, to wit:

**Signature**

- To file, deliver, and follow up Application for GSIS benefits and documents relative thereto; \_\_\_\_\_
- To receive the check, fund, and/or benefit proceed from GSIS as well as to sign any document/s necessary for its release; \_\_\_\_\_
- To perform any other act necessary to carry out any or all of the foregoing. \_\_\_\_\_

Hereby giving and granting authority unto my said authorized agent / representative, whose signature appears below, full power and authority to carry out the foregoing and hereby **CONFIRMING AND RATIFYING** all that my said authorized agent/representative shall do and perform by virtue hereof.

In witness thereof, I have hereunto set my hand this \_\_\_\_\_ of \_\_\_\_\_,  
 20\_\_ at \_\_\_\_\_.



**Printed name and signature of witnesses:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

\_\_\_\_\_  
Signature of principal over printed name

**Thumb mark  
(if unable to affix  
signature)**

**Authorized agent/representative:**

**IDs presented:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\_\_\_\_\_  
**Signature over printed name**