



GSIS PENSIONER'S REQUEST FORM (PRF)

INSTRUCTIONS: Ensure that the request form is properly filled out and submitted to the nearest GSIS Office.
WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, as well as obtaining any benefit pursuant to this request shall be subject to administrative, civil and/or criminal action. **THIS FORM IS NOT FOR SALE.**

Date: _____

Old Age Pensioner
 Survivorship Pensioner
 Guardian (For Dependent/s)
 Employees' Compensation (EC) Pensioner

Last Name		First Name		Middle Name	Suffix
Date of Birth (mm/dd/yyyy)	Gender	Civil Status (Married, Re-married, Single, Widowed or Annulled)		GSIS Business Partner (BP) No.	
Permanent Address					<input type="checkbox"/> New Address (For Updating)
Mobile number <input type="checkbox"/> New (For updating)	Email Address		Landline Number		

FOR SURVIVORSHIP PENSIONERS AND GUARDIANS ONLY (DETAILS OF DECEASED GSIS MEMBER/ RETIREE/ PENSIONER):

Last Name		First Name		Middle Name	Suffix
Date of Birth of Deceased (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)		GSIS Business Partner (BP) No.		

Instruction: Please check (✓) the applicable transaction request/s and indicate the particulars.

Nature of Request

Pension Accrual/ Commencement *Period Covered:* _____
 Pension Loan Application/Inquiry *Date Filed:* _____
 Milestone Benefit 90 YO 95 YO 100 YO *Date Filed:* _____
 Request for APIR Home visit _____ Video call _____
 Request for Certificate of Pension *Purpose:* _____
 Manual Activation UMID Card (LBP/UBP) UBP eCard Plus LBP Temporary Card
 eCard/UMID Issues *Details:* _____
 To Report as Deceased that whose personal data is provided above *Date of Death:* _____
Name of Informant: _____ *Relationship:* _____
 Other(s) _____

DATA PRIVACY CONSENT

I hereby confirm my understanding of the Privacy Policy of the GSIS pursuant to the requirements of R.A. 10173, otherwise known as the DPA, its Implementing Rules and Regulations and other issuances of the National Privacy Commission and consent to the manner of and safety measures to be observed in the collection, use, access, disclosure, processing and disposal of my personal and sensitive personal data by the GSIS.

_____ Signature over printed name	Thumb mark (if unable to affix signature)	Printed Name and Signature of Witnesses to Thumb mark: (Both witnesses must provide photocopy of 2 valid government issued IDs)
		1. _____
		2. _____