PRIVATE SECURITY INDUSTRY PERSONNEL EMPLOYEES AND GUARDS CREDIT COOPERATIVE (PSIPAGCCo)
Ground Floor, Philippine Korea Friendship Center, Bayani Road, Fort Bonifacio,
Western Bicutan, Taguig City 1630MMla.
Tel No. 506-8139 | http://www.psipagcc.ph | Facebook page @psipagcco| Email: 24_7_memberservices@psipagcc.ph

"DAMAYAN-ala-GWARDIA" Pass the Hat - DEATH AID CLAIM FORM

Deceased: **([ ] Regular Member)** **([ ] Associate Member)**

PSIPAGCC ID No: _____ Date: _____

NAME OF DECEASED MEMBER: _____

DATE DECEASED: _____ ***CAUSE OF DEATH:*** _____

Member Civil Status: ☐Married ☐Single ☐Separated

NAME OF CLAIMANT: _____

DECLARED BENEFICIARY OF MEMBER:

Member Status: ☐Yes ☐No if No, reason:_____

Relationship to the Deceased: ☐Mother ☐Father ☐Spouse ☐Child
☐Sibling ☐Other Relative _____

DEBIT/ADDITION: Damayan pass-the-hat Benefit Php _____
CREDIT/DEDUCTION: Damayan Fund Contribution Php _____
NET CLAIM Php_____

Member Loan Status: ☐Member in Good Standing ☐ Member in Bad Standing ☐With Arrears/Past Due

Loans Processor/Evaluator: _____

Documents Required:			
	Birth Certificate:	☐ On File	☐ To be submitted
	Marriage Contract:	☐ On File	☐ To be submitted
	Death Certificate:	☐ On File	☐ To be submitted
	Special Power of Attorney:	☐ On File	☐ To be submitted

Remarks: _____

Operations/Audit Department: _____ Approved by: _____

Pay Out Option

☐ **Check** ☐ **Credit to my Bank Account** ***(please fillout details in below box)***

Bank: ☐ BPI ☐ BDO ☐ PNB ☐ Metrobank ☐ Others: _____	Branch:
Account Name:	Account Number:
Type of Account: ☐Savings ☐ Checking	Currency: ☐ Dollar ☐ Peso
Others:	
I authorize PSIPAGCC to credit the proceeds to the Bank Accountspecified above. I certify that I am the owner of the specified bank account and I am the designated claimant/beneficiary of the deceased PSIPAGCC member indicated in this form.	

Place of signing _____ Date: m m / d d / y y y y

_____ _____
Beneficiary/Claimant's Signature over Printed Name Witness