



PHILIPPINE COAST GUARD

**PENSION AND GRATUITY MANAGEMENT CENTER
YEARLY VERIFICATION OF PENSIONER'S FORM**



C.Y. _____

PENSIONER'S REPLY

THIS FORM IS NOT FOR SALE

PLEASE READ INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I – MEMBER'S / PENSIONER'S INFORMATION

TYPE OF RETIREMENT

Compulsory Optional Posthumous Complete Disability Discharge Beneficiary

| | | | |
|-------------------------|-------------------|--------------------------|-------------------------------|
| Serial No. of Pensioner | Rank of Pensioner | Date of Birth (MMDDYYYY) | Date of Retirement (MMDDYYYY) |
|-------------------------|-------------------|--------------------------|-------------------------------|

| | | | |
|----------------|--------------|---------------|----------|
| NAME (SURNAME) | (GIVEN NAME) | (MIDDLE NAME) | (SUFFIX) |
|----------------|--------------|---------------|----------|

| | | |
|---|--------------------------|---------------|
| LOCAL ADDRESS (RM/ FLR/ UNIT NO. & BLDG NAME) | (HOUSE/ LOT & BLOCK NO.) | (STREET NAME) |
|---|--------------------------|---------------|

| | | | | |
|----------------------------|---------------|----------------------|------------|----------|
| (BRGY/ DISTRICT/ LOCALITY) | (SUBDIVISION) | (CITY/ MUNICIPALITY) | (PROVINCE) | ZIP CODE |
|----------------------------|---------------|----------------------|------------|----------|

| | | |
|------------------------------------|-----------------------|----------------|
| TELEPHONE NO. (Area Code + Tel No) | MOBILE/ CELLPHONE NO. | E-MAIL ADDRESS |
|------------------------------------|-----------------------|----------------|

FOREIGN ADDRESS (If applicable)

| | | |
|--|---------|----------|
| | COUNTRY | ZIP CODE |
|--|---------|----------|

PART II – LEGAL BENEFICIARY'S INFORMATION

| | | | | | |
|---------------------------|--------------|---------------|----------|-----|-------------|
| NAME OF LEGAL BENEFICIARY | | | | AGE | CITIZENSHIP |
| (SURNAME) | (GIVEN NAME) | (MIDDLE NAME) | (SUFFIX) | | |

| | |
|---------------|-------------------------------|
| LOCAL ADDRESS | RELATIONSHIP TO THE PENSIONER |
|---------------|-------------------------------|

| | | | |
|---|--------------|---------------|----------|
| IF RECEIVING PENSION AS GUARDIAN, INDICATE NAME | | | |
| (SURNAME) | (GIVEN NAME) | (MIDDLE NAME) | (SUFFIX) |

PART III – QUESTIONNAIRE

1. FOR TOTAL DISABILITY / RETIREMENT PENSIONER, HAVE YOU BEEN RE – EMPLOYED / RESUMED SELF – EMPLOYMENT? YES NO
 IF YES, NAME AND ADDRESS OF PRESENT EMPLOYER: _____
 DATE RE-EMPLOYED OR RESUMED SELF – EMPLOYMENT: _____

2. FOR DEATH PENSIONER, HAVE YOU RE – MARRIED OR CURRENTLY COHABITING WITH ANOTHER PERSON? YES NO
 IF YES, NAME OF SPOUSE/ PARTNER: _____ DATE OF MARRIAGE/ COHABITATION: _____

3. ARE YOU UNDER THE CARE AND CUSTODY OF A GUARDIAN?

YES NO

IF YES, NAME AND ADDRESS OF GUARDIAN: _____

4. IS THERE ANY DEPENDENT CHILD WHO ARE BELOW 21 YEARS OF AGE AND STILL SINGLE?

YES NO

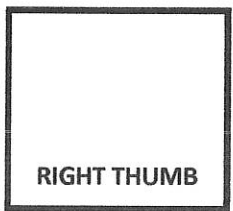
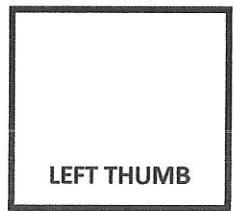
IF YES, FILL OUT THE DATA BELOW:

| NAME OF DEPENDENT <i>(Children below 21 y/o)</i> | NAME OF GUARDIAN | DATE OF BIRTH | OCCUPATION | DATE OF DEATH |
|---|------------------|---------------|------------|---------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| 8) | | | | |

I HEREBY CERTIFY that the foregoing information is complete, true and correct to the best of my knowledge.

Signature over printed name

Date



(If unable to sign, affix fingerprints with the signature of two (2) witnesses and submit photocopy of one (1) valid ID with photo and signature of each witness)

WITNESSES TO FINGERPRINTS:

1) _____
Signature over printed name

Date

2) _____
Signature over printed name

Date

**PART IV – CERTIFICATION OF BARANGAY CHAIRMAN
(FOR RETIREE AND SURVIVOR PENSIONERS)**

THIS IS TO CERTIFY that Mr./ Ms. _____, a depositor/ bonafide resident of _____ personally appeared before the undersigned on _____ as compliance to the annual confirmation of pensioners being conducted by the Office of the Philippine Coast Guard-Pension and Gratuity Management Center.

Signature over printed name

Date

2 | **NOTICE:** Anyone who falsifies essential information requested by this or a related form may, upon conviction, be subject to fine and imprisonment under the law.