

Republic of the Philippines  
**GOVERNMENT SERVICE INSURANCE SYSTEM**  
 Financial Center, Reclamation Area, Pasay City

**PRE-NEED PROGRAM**  
**APPLICATION FOR PLAN CONVERSION**  
**and FOR OTHER BENEFITS UNDER THE PLAN**  
**(Except for Life Insurance)**

Date:	Plan Agreement No.		
Name:			
(Last Name)	(First Name)	(Middle Name)	(Signature)
Tel. No.	Remarks:		

	Purpose / Reason	From	To
<input type="checkbox"/>	Change of School Category		
<input type="checkbox"/>	Change of College Program		
<input type="checkbox"/>	Change of Scholar		
<input type="checkbox"/>	Re-Application		
<input type="checkbox"/>	Updating		
<input type="checkbox"/>	Refund of Excess Premium/s		
<input type="checkbox"/>	Termination of Value - Reason		
<input type="checkbox"/>	Availment of College Education Benefit	Effective:	
<input type="checkbox"/>	Unavailed College Education Benefit	Reason:	
<input type="checkbox"/>	Plan holder's Retirement Benefit	Date of Graduation:	
<input type="checkbox"/>	Transfer of Plan -	Date of Birth:	
<input type="checkbox"/>	Name of Transferee:		
<input type="checkbox"/>	Office Name/Address:		
<input type="checkbox"/>	Assignment/Change of beneficiary/heirs		
<input type="checkbox"/>	Others, please specify -		
<input type="checkbox"/>	<u>Doc. Submitted:</u>	Cert. of remittance / Official Receipts / Plan Agreement / CFP / Birth / Marriage / Death Cert. /	

Received by:

Printed Name & Signature	Date
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