



APPLICATION FOR COMMENCEMENT OF PENSION

Form No. 06112020-ACP-REV 0

INSTRUCTIONS: Ensure that the form is properly filled out and submit the duly accomplished form to the GSIS. Do not leave any blank items.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action. **THIS FORM IS NOT FOR SALE.**

Date: _____

MODE OF FILING: Personal Submission email Submission

PENSION COMMENCEMENT FOR: Old Age Pension Survivorship Pension Guardian

Last Name		First Name		Middle Name	
Residential Address (House No., Street, Barangay, City/Municipality, Province and Zip Code)				GSIS Business Partner (BP) No.	
Name of Agency/Office			Date of Retirement		
Date of Birth (mm/dd/yyyy)		Place of Birth	Gender	Civil Status (Indicate if Married, Single, Widow/Widower or Annulled)	
Contact No. (Landline)		Mobile Phone No.		E-mail address	
If married, Name of Spouse: (Last Name, First Name, Middle Name) _____			Basis of Retirement/Separation/Survivorship Benefits: <input type="checkbox"/> PD 1146 <input type="checkbox"/> RA 8291 <input type="checkbox"/> RA 7699		
Date of Marriage: _____					

I understand that **for submission through email, an online video call** will be undertaken by the GSIS and my preferred mode of online verification will be (*Choose only one (1) mode by placing a check mark and provide the complete contact details*) and that I will provide prior confirmation for the approximate video call schedule provided by the GSIS:

Viber Video Call through mobile number (please provide country code): _____

Facebook Messenger with username: _____

Skype Video call with Skype address: _____

ANNUAL PENSIONERS INFORMATION REVALIDATION (APIR)

I undertake that, as pensioner, I will comply with the Annual Pensioners Information Revalidation (APIR) every year on my birth month through any GWAPS kiosk located at GSIS Offices, partner agencies, partner institutions or online and that my failure to undertake the APIR shall result in (1) the suspension of payment of monthly pension starting on the month following the birth month; (2) Non-entitlement to cash gift if status is suspended at the time of declaration; and (3) Non-entitlement to pension increases if status is suspended at the time of declaration.

MUST BE ACCOMPLISHED BY APPLICANTS OF SURVIVORSHIP PENSION OR AS GUARDIANS FOR DEPENDENT OR INCAPACITATED CHILD/CHILDREN:

DETAILS OF DECEASED GSIS MEMBER/RETIREE/PENSIONER:

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Date of Birth of Deceased (mm/dd/yyyy)	Relation to Deceased Member		Date of Death (mm/dd/yyyy)
Date of Retirement of Deceased Member	Name and Address of Agency of the Deceased Member		Civil Status at the time of Death

DETAILS OF DEPENDENT OR INCAPACITATED CHILD/CHILDREN (maximum of 5 listed from youngest to the eldest):

Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)	Age	With incapacity (Yes/No)

*I confirm my understanding of the **Privacy Policy of the GSIS** pursuant to the requirements of Republic Act (R.A.) No. 10173, otherwise known as the Data Privacy Act, and consent to the manner of collection, use, access, disclosure and processing of my personal and sensitive personal data by the GSIS (details of the GSIS Data Privacy Policy may be found at <https://www.gsis.gov.ph/gsis-privacy-statement/>).*

Signature of Applicant

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

1. _____
2. _____

/s/ka