



**GSIS MEMORIAL PLAN
RELEASE AND QUIT CLAIM FORM**

I, _____, having acknowledged receipt of the amount of _____ (PhP _____) as **refund of total premiums paid/ premiums paid** for my GSIS Memorial Plan, and after cancellation of my GSIS Memorial Plan, hereby release and forever discharge the Government Service Insurance System (GSIS) from all its obligations and liabilities under Plan Agreement Number _____.

I hereby waive and release GSIS from any further action, cause of action, demand, damages or any claim whatsoever against the GSIS, on account of my application for Enhanced Optional Exit Mechanism (EOEM), provided that I actually received the proceeds of my claim.

I hereby state that I have carefully read, and understood the foregoing release and quit claim, and agree to its terms freely and voluntarily.

Signed at _____ this _____ 20____.
(day) (month) (year)

(Signature of Planholder)

Note: To be filled up if paid thru check

Check No. : _____
Date : _____
Amount : _____
Drawee Bank : _____

Signed in the presence of:

(Signature over Printed Name)

(Signature over Printed Name)