

APPLICATION FOR MATURITY BENEFITS

(Date)

THE PRESIDENT & GENERAL MANAGER

Government Service Insurance System
Financial Center, Roxas Blvd., Pasay City 1308

Sir:

I have the honor to apply for maturity benefits provided for under my Certificate of Membership (CM) No. _____, which I am submitting together with this application.

It is understood that the balances of all loan accounts-in-default, arrearages in other loans, balances of loans granted by virtue of my CM and other indebtedness with the GSIS that have fallen due shall be deducted from the proceeds of this claim.

Upon filing of this application, it is understood that I have previously secured a tentative computation of the amount of benefits I will receive, including the amounts deducted therefrom in payment of my unpaid obligations with GSIS and I fully conform to the same.

(Signature over Printed Name of Insured)

GSIS ID # _____

Tel. # _____

Mailing Address:

No. Street Barangay/District Municipality/City Zip Code