Form No. A-CSV/TV-06-10

APPLICATION FOR CASH SURRENDER/ TERMINATION VALUE

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 and/or criminal action.

_____
(Date)

THE PRESIDENT & GENERAL MANAGER
Government Service Insurance System
Financial Center, Roxas Blvd.,Pasay City 1308

Sir:

I have the honor to apply for the *Cash Surrender Value/Termination Value* of my Certificate of Membership (CM)/Certificate Insurance Policy (CIP) No. _____, which I am surrendering together with this Application in view of my: [ ] resignation [ ] retirement [ ] separation from the government service on _____.

In this regard, I hereby surrender, waive and forfeit all my rights, title and interest thereunder as of the date referred to above or as of the date of payment of said cash surrender/termination value.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/CIP 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 # _____ Residence/Mailing Address: _____
Tel. # _____ _____

TO BE FILLED UP BY THE PERSONNEL OFFICER OF THE AGENCY

The undersigned hereby certifies that M_____, has: *[ ] resigned from this Agency [ ] retired from the service [ ] been dismissed/ separated from the service* effective _____.

_____ _____ _____ _____
Signature of Personnel Officer over Printed Name | Name of Agency | Date