APPLICATION FOR RETIREMENT BENEFIT

The Honorable Chairman This Commission

Sir:

	PERSONAL DATA			
	For the information of the commission following: Date and place of Birth: Policy Number: Name and Address of last Office: Previously retired under RA	•	,	
	Amount of retirement pay received: P LBP Account No.:	Amount Refun	ded, if any: ₽	
II.	BENEFICIARIES			
	Designated beneficiaries to receive retirement NAME	RELATIONSHIP	DATE OF BIRTH	
Ple	ease credit proceeds to Account No.			
Ve	ry truly yours,			
	SIGNATURE OF EMPLOYEE	thumbmark should persons, (Print name	NOTE: If member/claimant cannot sign, thumbmark should be witnessed by two persons. (Print name and sign)	
P	PRINTED NAME OF EMPLOYEE	î	2.	
III	. 1ST INDORSEMENT			
	Officer			
	Data			
approval of For guidan	Date spectfully forwarded to the Honora's the application for retirement of Mr./Ms ce in adjudication, it is hereby certified to be the day if actual service was will be re-	s to take	e effect on	
approval of For guidand 1. 2	spectfully forwarded to the Honoral fithe application for retirement of Mr./Msce in adjudication, it is hereby certified to Last day if actual service was/ will be reaccused vacation and sick leaves expire Applicant has: a. been cleared of money	to take that: endered on ed(d) on and property accountability	e effect on	
approval of For guidance 1. 2. 3. 4. 5.	spectfully forwarded to the Honoral fithe application for retirement of Mr./Msce in adjudication, it is hereby certified to Last day if actual service was/ will be reaccused vacation and sick leaves expire Applicant has: a. been cleared of money	to take that: endered on ed(d) on ear and property accountability countability in the amount re and Criminal Case; as and Liabilities;	e effect on y of ₽	