WEST CENTRAL PHILIPPINE UNION MISSION (WCPUM)
WVC-ADRA Bldg., Cor. Jalandoni, Ledesma St., Brgy. Wilson, Iloilo City, 5000

Retirement Beneficiary Review Form

Instructions: *Check the appropriate boxes and write in capital letters on spaces provided.*

A. RETIREE INFORMATION

Date Filled: ____/____/ ____ *(mm / dd/ yy)*

Title: ☐ *Mr.* ☐ *Ms.* ☐*Mrs.* ☐ *Dr.* Gender: ☐ *Male* ☐ *Female*

Name of Retiree: _____
(Last) *(First)* *(Middle Name)*

Date of Birth: ____/____/ ____ Date of Retirement: ____/ ____
(mm/ dd/ yy) *(mm/ yy)*

Civil Status: ☐ *Single* ☐ *Married* ☐ *Widowed* ☐ *Deceased (for surviving spouse)*
Retirement Status: ☐ *Permanent* ☐ *Temporary*
Retirement Rate: ☐ *Basic* ☐ *Family*

Mobile number: _____ Email Address: _____

Bank information:
Bank: ☐ *BDO* ☐ *Metro Bank* ☐ *PNB* ☐ *Land Bank* ☐ *BPI* ☐ *Others:* _____
Account number: _____ Account Name: _____

Home Address: _____
(St./Brgy.) *(Municipality)* *(Province)* *(Zip Code)*

For family rate only:
Spouse: _____
(Last) *(First)* *(Middle Name)*

Dependent Children: (18 years old and below for medical aid and 24 and below for educational aid)
Name: _____ _____
(First) *(Birthdate/ mm/ yy)*
Name: _____ _____
(First) *(Birthdate/ mm/ yy)*
Name: _____ _____
(First) *(Birthdate/ mm/ yy)*

B. MONTHLY BENEFITS (PENSION)

1. Do you receive your monthly benefits regularly? ☐ *Yes* ☐ *No*
2. How are you being paid? ☐ Bank ☐ Palawan, GCash, etc. ☐ CPUM/Conferences/Missions
3. Have you authorized someone to receive/collect your pension for you? ☐ *Yes* ☐ *No*
4. Are you satisfied with how benefit payments are handled? ☐ *Yes* ☐ *No*

C. MEDICAL HEALTH-CARE ASSISTANCE

Present Health Condition (check all that apply)

☐ No major health issues	☐ Stroke
☐ Diabetes	☐ Kidney Disease
☐ Cancer	☐ Cardiovascular diseases
☐ Pulmonary disease	☐ Vision and Hearing Disorders
☐ Prostate or Ovarian Issues	☐ *Others:*_____ *(specify)*

Present Activity (Current Affiliation, Ministry, etc.) _____

Are you satisfied with how reimbursement is handled? ☐ Yes ☐ No ☐ Needs improvement

D. PERSONAL TESTIMONY *(Share how God has been sustaining you and your family in old age.)*

_____

_____

_____

_____

E. COMMENDATION/RECOMMENDATION *(What are you grateful for WCPUM retirement services and how can we improve?)*

_____

_____

_____

F. RETIREES AFFIRMATION *(This is important: affix retiree's signature.)*

Retiree's Name: _____ Signature: _____ Date: _____

G. RETIREMENT COMMITTEE ACTION

Verified by: _____ Date: _____

Approved by: _____ Date: _____

(To be valid, please attach a photocopy of the retiree's valid ID bearing their signature.)