

**PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION**  
245 Banawe Street, Quezon City  
(02) 988-1400-99/ 0917-5715036/0917-5715263/0918-5448046/0905-5355858

**APPLICATION FORM**  
**ENDOWMENT BENEFIT UNDER MUTUAL AID SYSTEM 65 (MAS 65)**

Name of Applicant: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

*I understand that upon release of this benefit, my death aid under the MAS 65 is reduced to P 150,000.00. Moreover, availment of the benefit terminates accidental death benefit coverage.*

\_\_\_\_\_  
*Signature Over Printed Name of the Applicant*

**REQUIREMENTS:**

- A. Duly accomplished and signed application form*
- B. Photocopies of 2 valid IDs of the member-applicant with signature similar with his signature in the application form*
- C. Original NSO birth certificate of the member-applicant*