

THE GENERAL MANAGER

PPSTA, 245 Banawe St.,
Quezon City

THRU: THE PPSTA MAS CLAIM DEPARTMENT

Sir/Madam:

I wish to withdraw my equity under the old Mutual Aid System (MAS) of your prestigious organization.

Hoping for your immediate action on my request.

Thank you.

Very truly yours,

Signature Over Printed Name

Employee No.:

Address: _____

Contact No/s.: _____

PLEASE ATTACH THESE OTHER REQUIREMENTS:

1. Photocopy of 2 VALID IDs with signature similar with signature in this form
2. Original Certificate of Membership for the Old Mutual Aid System (MAS) or affidavit of loss, if lost
3. Latest payslip with MAS65 deduction