

REPUBLIC OF THE PHILIPPINES)
Province of)
Municipality of)

**AFFIDAVIT OF LEGAL/CERTIFIED
GUARDIAN OF INCAPACITATED BENEFICIARY**

I, _____ of legal age, _____ and residing at _____ after being duly sworn to in accordance with law and says:

That I am the _____ (state relationship with the child, i.e. father/mother, etc.) and legal guardian of _____ (name of beneficiary) a beneficiary of the late _____ (name of member) who was a PPSTA MAS/NMAS/MAS65/NMRBS/MRBS/MRBS plus member, who died on _____ at _____.

I hereby declare that the above-named beneficiary is suffering from _____ (name illness or disorder), a physical defect / mental disorder which render him/her incapable of self-support;

I hereby unconditionally make myself personally and solidarily liable with the above-mentioned for whatever survivorship benefit the PPSTA shall invalidly and erroneously grant the latter due to any inaccurate, incomplete or untruthful statement I have made herein or any inaccurate incomplete or untruthful information I have otherwise provided to the PPSTA;

That I am competent to receive on behalf of the above-mentioned the amount due them in the proceeds of the death aid benefit of the deceased :

That I am not imbecile, vagrant or vicious person or a habitual drunkard or a criminal and has not abandoned, neglected, or refused to support said minors or cause them to commit offenses against the law :

That the named above do not each own any property, the aggregate amount of which exceeds TWO THOUSAND PESOS (P 2,000)

Affiant

CORROBORATION

We, _____ AND _____
_____ and _____
respectively, both of legal age, hereby confirm the foregoing statement of _____
_____ to be true and correct.

Witness

Witness

Official Title

Official Title

SUBSCRIBED AND SWORN to before me this _____ of _____
200__ at _____. Affiant exhibited to me their residence Certificate No. respectively :

A. _____ issued at _____ on _____
B. _____ issued at _____ on _____
C. _____ issued at _____ on _____

Doc No. _____
Page No. _____
Book No. _____
Series No. _____

NOTARY PUBLIC