



# PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION

“Bayani ka, gurong Pilipino. Ang PPSTA, Kumakalinga sa iyo!”

PPSTA Bldg No.2, 245 Banawe Street, Quezon City

Claims Department

Website: [www.ppsta.net](http://www.ppsta.net) Email Addresses: [ppstaclaims@yahoo.com](mailto:ppstaclaims@yahoo.com) and [support@ppsta.net](mailto:support@ppsta.net)

Tel. No. (02) 8988-1415 loc. 119,121,137 -138 & 142-143

## APPLICATION FORM

### CANCELLATION OF MUTUAL AID SYSTEM (MAS) MEMBERSHIP

DATE: \_\_\_\_\_

TO: **PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION**  
245 Banawe St., Quezon City

This is to request from your office the cancellation of my MAS membership under Certificate # \_\_\_\_\_ and to withdraw the corresponding equity value less indebtedness.

#### IN CASE OF RETIREMENT PLAN MEMBERSHIP:

Upon cancellation of my MAS membership, my MRBS and/or NMRBS membership, if any, will also be automatically cancelled.

I understand that the termination of my MAS membership shall take effect upon receipt of this application by PPSTA.

I undertake to inform my beneficiaries / legal heirs that they will no longer receive any benefit from PPSTA in view of the termination of my membership.

_____	_____	_____
Printed name of MAS member	Signature	Division No.- Station No.-Employee No.
_____	_____	_____
Date of Birth of Member	Mobile Number	E-mail Address
_____		
Mailing Address		

REQUIREMENTS: IN ACTIVE SERVICE (to be attached to this application form)	REQUIREMENTS: FOR RETIRED (to be attached to this application form)
1. Original MAS certificate, in case of loss, originally signed affidavit of loss	1. Original MAS certificate, in case of loss, originally signed affidavit of loss
2. Photocopy of latest payslip WITHOUT PPSTA deductions	2. Photocopy of GSIS Retirement Voucher or Updated Service Record with Retirement Date (If the member resigned from the service, proof of resignation must be submitted)
3. Photocopy of two valid IDs reflecting clear signature	3. Photocopy of two valid IDs reflecting clear signature
4. Original endorsement of withdrawal application for PPSTA-MAS membership by the Membership Exit Counselling Committee	4. Original endorsement of withdrawal application for PPSTA-MAS membership by the Membership Exit Counselling Committee

#### Reminder:

\*This application must be originally signed by the applicant.

\*The signature in this application must be similar with the applicant's signature in the valid IDs that he/she will submit.

\*Strictly No Erasure and Tampering.

#### Please send my PPSTA MAS withdrawal proceeds thru:

BDO Bank Remittance (Note: Reference Number will be sent at stated Mobile No.)      -    -

Direct Deposit to Personal Account (Note: Commercial Banks Only)

To ensure that we are crediting the correct bank account, kindly provide the accurate bank account and personal details listed below for us to deposit your check.

- Account Name: \_\_\_\_\_
- Name of Bank: \_\_\_\_\_
- Bank Account Number: \_\_\_\_\_ Account Type:  Current  Savings  Others
- Bank Address/Branch: \_\_\_\_\_
- Any of the following scanned or photographed copy of your record or evidence of bank account **CLEARLY** showing both **ACCOUNT NAME** and **ACCOUNT NUMBER**
  - Bank account Passbook
  - Validated deposit slip
  - Bank Statement of Account
  - Screenshot of online banking account details

*In the event of the approval of my application for MAS withdrawal, I hereby authorize PPSTA to credit the proceeds of the said benefit to my personal account I have indicated.*

Regional Office \_\_\_\_\_

Mailing Address \_\_\_\_\_

Upon receipt of the proceeds of the said benefit, I shall release and forever discharge the Association, its assigns and successors -in-interest from any similar claims whatsoever arising from my membership with the Association.

\_\_\_\_\_  
Signature over printed name of MAS member