



UP CREDIT COOPERATIVE

Fernandez Hall
Delos Reyes St., cor. C.P. Garcia Avenue,
UP Campus, Diliman, Quezon City
8924-8002 / 8646-8862

APPLICATION FOR DEATH ASSISTANCE BENEFIT (DAB)

Name of Applicant: _____ Date File: _____

Home Address: _____ Contact No.: _____

Civil Status: Single Married Windowed Separated Gender: Male Female

Name of Deceased Member: _____ Unit/Dept.: _____

Relation to the Deceased: _____ Date of Death: _____

Applicant's Signature

Cash Advance: ₱ _____ Released By: _____ Date: _____

Evaluated and Approved By: _____ Date: _____

AUTHORITY TO DEPOSIT

This is to authorize the U.P. Credit Cooperative to deposit my benefit claim to the bank account listed below.

Name: _____

Bank: LANDBANK DBP VETERANS PNB Check

Account No.: _____

I fully understand that by providing this authorization, I am freeing UP Credit Cooperative of any liability and/or damages that may result.

Printed Name with Signature

Requirements:

- Member's Registered Death Certificate by the Local Civil Registry
- Photocopy of Member and Applicant's ID
- ATM Card (if applicable)
- Documents that will prove your relationship to the deceased (Birth, Marriage Certificate, etc.)