



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

APPLICATION FOR RETIREMENT BENEFIT PLAN (RBP)

Name of Applicant: _____ Unit/Dept.: _____

Home Address: _____ Contact No.: _____

Civil Status: Single Married Windowed Separated Gender: Male Female

Name of Retiree: _____ Retirement Date: _____

Type of Retirement: Compulsory Optional Voluntary (Resignation) Involuntary (Deceased)

Date of Membership: _____ No. of Years as member: _____ Date filed: _____

Retirement Subsidy: _____ %

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:

- Service Record
- GSIS Approval (if Optional Retirement)
- Photocopy of Applicant's ID and ATM Card